COMMUNICATION

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Breaking bad news

Scenario 12(down syndrome): *mark beatie (page137)*

Fatima is a mother of 12 hours old ALI with a features of down syndrome .

TASK : BREAK THE NEWS TO MISS FATIMA THAT YOU SUSPECT HER BABY HAS FEATURES OF DOWN SYNDROME

Introduction:

- *Doctor : (introduction) Hii good morning , I am doctor Mohammed , neonatology registrar working in this hospital , I Believe I am talking to miss Fatima a mother of Ali*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) First of all congratulations on birth of ALI , how are you and how is your baby ?*
  - *Mother : thank you doctor , I am fine.*
- *Doctor : (agenda of meeting) actually , I am here today to discuss some issue regarding your baby ali . is it suitable time for you?*
  - *Mother : yes doctor , no problem .*
- *Doctor : (attender and arrangement) ok , we will discuss this , and I made arrangement so as no one will disturb us , and If you want anyone to attend with us it's well come , and sister who take care of Ali will be with us.*
  - *Mother : no thank you doctor.*

Body:

- *Doctor : (clarify agenda of meeting) I have been asked to sit with you today because we having examined your baby and found there are some features which are of concern . are you noticed any abnormal features ?*
  - *Mother : what I noticed his eyes are upslanting , short neck only anything more ?*
- *Doctor : (explain features of down syndrome) yes you are right your baby seems generally very floppy , as well as in :*
  - ✓ *hands we noticed fingers are short single crease in the centre of the palm instead of normal crease (show him your crease).*
  - ✓ *in the foot increase space between 1st and 2nd finger which called " sandle gap ".*
  - ✓ *In face we noticed small nose , upward slant to the eyes , small skin fold on the inner corner of the eye , large tongue in relation to size of the mouth , ear is more down site.*
  - ✓ *Also neck is short and excess skin in the back of neck , hair is more down site , , am I clear so far ?*

- *Mother : yes I am following you , so what ?*

- *Doctor : when we see all of these features together , we worry that your baby could have what is called "down syndrome" ….. pause.*
  - ***MOTHER** : ooh my god , what you said ? down syndrome.!!!!*
- ***DOCTOR** : (show some sympathy) I know it's difficult time for you . and I appreciate your feeling shall I continue ?*
  - *Mother : yes doctor continue.*
- ***DOCTOR** : (check previous knowledge) let me first check how much you know about down syndrome ?*
  - ***MOTHER** : no I have no much information.*
- *Doctor : (explain what is down syndrome) before I will explain down syndrome , feel free to stop me if any point not clear for you , and ask me any question.*
- *Actually , down syndrome is common a genetic chromosome problem characterize by typical facial features. And they have some degree of learning disability. They are also at increased risk of having various other medical problems. There is no cure for Down's syndrome. It will affect someone throughout their life.*
  - *Mother : this not clear for me , what you mean by genetic chromosome ?*
- *Doctor : (explain what is chromosome and gene) our body consists of many cells which is building blocks of our body , each cell has 46 stick like structure called " chromosomes " arrange in 23 pairs " i.e each chromosome have 2 copy " one copy from father and other copy from the mother .chromosome which carry genetic information in the form of gene which is substance determined our colour , height , ……*
  But in case of down syndrome due to fault during division of cells , they have 47 chromsome instead , because chromosome 21 has 3 copy instead of 2 copy. For this they called trisomy 21. Are you following me ?
  - *Mother : yes , but doctor are you sure my baby having down syndrome ?*
- *Doctor : up to this point we cannot say your baby having down syndrome , but these features when collectively present most likely suggest down syndrome , but need blood test to confirm this diagnosis.*
  - ***MOTHER :** what is this test ?*
- ***DOCTOR :** (explain chromosomal analysis to confirm diagnosis of down) we will took blood looking for 3 copies of chromosome 21. Am I clear so far ?*
  - ***MOTHER** : yes, doctor , but I want to know why this happen to my baby.?*
- ***DOCTOR** : (explain causes of down syndrome) I appreciate your feeling the exact cause no one know , But the risk will increase with age of mother or if you have baby before with down.*
  - ***MOTHER** : did you mean this my fault ?*
- ***DOCTOR** : no this not your fault , no body fault , it is genetic fault for non reason. Also young womens sometime having babies with down syndrome.*

- ***MOTHER :*** *so what will happen for Ali?*

- ***DOCTOR:*** *actually person who had down syndrome may face problems , do you have any idea what are these problems?*
  - ***MOTHER :*** *no.*
- ***DOCTOR :*** *(explain complications AND ass problems of down syndrome)*
  - ✓ *it may affect the heart , gut , respiratory.*
  - ✓ *Hearing problem , may affect organ in the neck called thyroid gland.*
  - ✓ *And may face some difficulties in school." Learning difficulties"*

  Doctor continue (reassure her) but without cardiac problem like your baby , no more medical intervention needed.
  - ***Mother : (common concern) you mean my baby will not go to normal school*** *?*
- *Doctor : (may going to normal school) ok , as you know down syndrome is the most common cause of learning difficulties but many patient with down syndrome will go to normal stream school . this is it varies according to the degree of learning disabilities some has mild and others have severe . Are you following me ?*
  - *Mother : (other concern) can he married and get normal babies ?*
- *Doctor : sorry to say that most male with down are infertile and most female are sub fertile .*
  - *Mother : (other concern) can I have another baby with down syndrome*
- *Doctor : yes there is achance to have another baby with down syndrome*
  - ***MOTHER :*** *yes. And ask how u can help my baby?*
- ***DOCTOR:*** *(explain management of down) down syndrome cannot be cured but treatment and support can help someone with Down's syndrome to lead an active life.*

- *A number of advice and support groups are available for people with Down's syndrome and their families and careers.*
- *we will arrange for ali to receive advice and follow up with multi displinary professionals i.e: doctor of heart and doctor of growth , doctor of gene occupational and speech therapist , and we will let him to join special school.*

Finalization: *when announcing 2 minutes left*

- *I feel sorry again miss Fatima and in* ***brief I will go through point which we discuss about down*** *, what is features of down syndrome and why it is occur and what are associated problems,*
- *and at the same time I will provide you written information, websites, and I will give contact number of down syndrome support groups*
- *and also I can offer you another meeting with my consultant. And also meeting other families with down syndrome.*
- *Have you any more questions.*
- *At the end thank mother and examiner.*

CYSTIC FIBROSIS

(MB. P92)

Introduction:

- *Hii good afternoon.*
- *I am doctor Mohammed , pediatric registrar , one of the team looking after ur child.*
- *I believe you are miss wafa a mother of nada .*
- *I need to talk to you because we have some results available from the tests that were done on nada. And I would like to thank you for sparing time to sit with me.*
- *I had made arrangement so as no one will disturb us.*
- *If you want anyone to attend with us it's welcome.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor : (**clarify agenda/check previous knowledge of mother about condition of the baby)***
  First of all , can you tell me how much has already been explained to you what tests we are doing and why?
  or what they told you so far about nada's condition?
- ***MOTHER** :no .*
- *Doctor : actually as part of routine in our hospital we are doing screening test called Guthrie card test. Which showing in your baby high level of substance called immunoreactive trypsin" IRT" . Screening test means those babies who have positive result of "IRT" have an increased risk of having disease called cystic fibrosis . Do you have an idea what is cystic fibrosis?*

- *Mother : no*
- ***DOCTOR** : actually cystic fibrosis is problem with sweat glands , resulting in the production of thick , sticky secretions. Too much salt in the sweat. This can affect many systems in the body , leading to poor weight gain , recurrent chest infections and gut problems .*
- *Mother : is this diagnosis confirmed?*
- *Doctor : no this does not confirm that nada definitely has the disease. So for confirming the disease we need to do sweat test and genetic testing looking for abnormal gene.*
- ***MOTHER :** in case diagnosis confirmed , so how will affect her future?*

- *Doctor : (reassuring) I know it is difficult time for you , actually it is a life – limiting condition . but however with current treatment children can have agood quality of life . do you have an idea about management of cystic fibrosis?*
- ***MOTHER :*** *no*
- ***DOCTOR :*** *management of cystic fibrosis must involve many professional , using of anti bugs and physiotherapy.*
- ***DOCTOR :*** *can you summrise for me what we discuss so far*

Finalization: *when announcing 2 minutes left*

- *Mrs wafa , I realize that ihave given you a lot of information and that it is a lot to take in all at once . the main things to remember are that nada had cystic fibrosis and will need to start treatment to help her lung and digestive system. Is there anything you would like to ask me before I go on?*
- *What I am going to do now is talk to our hospital's CF team and arrange a time for them to come and meet with you later today.*
- *Can I suggest that you write down any questions that you would like to answer ? I will provide you written information, websites.*
- *And if you want anyone to attend with you , it is welcome.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Improper colleague

Case 1 : rebeca page 141 *: mathew is 4th yr specialist registrar , return to work after 2yr away perform research . staff complain he is underperforming and you smell alcohol on his breath.*

Task : please take to Mathew , about his underperforming and alcohol ingestion , and discuss any further concerns he may have

1. *introduction (Rapport):*

   - *Hii , good afternoon , dr.mathew*
   - *I am dr. mohammed , I think you know me .*
   - *Doctor : How you find return to work after long period away ?*
   - *Mathew : good doctor.*
   - *Doctor : how you are coping ? Are there any areas you are finding in particularly difficult?*
   - *Mathew : well , It's fine , I am just start work , everything look different , the nursing staff , the doctors . but I am feel I am doing fine .*

2. *body :*
   - *Doctor : (check previous knowledge) ok , this good news , do you have an idea why I asked to talk to you today ?*
   - *Mathew : no.*
   - *Doctor : (reassure him before conversation) ok , to be honest with you this conversation may be little bit uncomfortable , I would like to assure you that this meeting will be strictly confidential b/w me and you .*
   - *Mathew : why what going on doctor ?.*
   - *Doctor : (clarify the agenda of meeting) ok , dr. Mathew There are some concerns from your colleague and from nurse staff regarding your work in the department . it brought to my attention by other colleagues that you are underperforming at your work , and also you are taking alcohol at work.*
   - *Mathew : what !!!! no no doctor this not true I am not taking alcohol at work , this never happen , I think these people are just lying !!!*

   - *Doctor : well , dr. Mathew also for me I feel stressed & frustrated , when I smell alcohol at your breath , this why I am bit worried , Because drinking alcohol really serious , not only harm yourself , but also you put pt. life in danger. Agood doctor like you does not want to spoil his reputation and his good work by doing such thing , Do you think that what I'm saying is fair ?*

- *Mathew : yes doctor you are right , but I am not drink alcohol at work and even if I drink I am I drink just at home before coming to work.*
- *Doctor : well , I appreciate your honesty doctor , but even if you drink alcohol before coming to the work , also could affect your judgement . and this could affect the pt. safety , am I clear ?*
- *Mathew : yes , I know that , but believe me I am not drink at hospital.*
- *Doctor : (encourage him – try to find the problem) well , we are all here **work as team** , we are human being and can committee fault , we know you before this gap you are enthusiastic doctor and keen doctor , may I know the reason behind that ? Is there any way we could help you to get rid of it?*
- *Mathew : no nothing in particular I don't know what is going on , realy I want your help*
- *Doctor : (suggestion of soluation) I appreciate your feeling dr. Mathew it may be difficult to cope with work after a big gap , I suggest for you to seek professional medical advice to get rid of alcohol. As well as occupational health services. And I will support you to talk to your consultant or educational supervisor.*
- *Mathew : so what will happen for me now?*
- *Doctor : yes I will advice u that u must inform ur consultant and I will accompanying u, actually we want to support u and we will discuss this issue in the meeting.*
- *Mathew : if u want to support me why u want to disclose this event in the meeting , why u are not let this between us?*

- *Doctor : as I indicated early we are here **work as one team** , so for your safety and patient safety your consultant as wel as GMC should be aware of this . We are here looking for care of the pt so as to prevent these events from occurring in the future.*
- *mathew : so what will be my situation , this will affect my career?*
- *Doctor : yes , definitly if like these things happen again will affect ur career , and I will advice u to sit with supervisor , medical protection society and medical defense union to offer u more help and they will explain ur situation.*

- *Mathew : so no problem will happen to me?*
- *Doctor : no , after meeting the consultant will decide about this.*

- *Hassan : now how u help me ?*
- *Doctor : now we will discuss this with the consultant , and we will document this in the file , and clinical governess meeting also , for this u will discuss medical protection society, and other agenesis.*

Finalization: when announcing 2 minutes left

- *Now we can back briefly through point which we discussed, your college and staff nurse cocern that you underperforming in the work , and you drinking*

alcohol at work and home , and this thing must be taking seriously for sake of pt. and for sake of your health. For this your consultant as well as GMC must informed , and you must seek medical advice from professional advice , and you must contact MDU , MPS for more details .

- *Again I reassure you that I am here to help you , if you need to meet me again either at work or outside work , I will be glad.*
- *Now can you tell what we discuss?*
- *Have any more question?*
- *At the end thank him and examiner.*

Consent

Scenario 1: lumbar puncture-(Rebeca 133-134)

Alexander 4year had meningitis for LP. Helen is a mother is against idea of LP.

TASK: explain to Helen why it is important to perform an lumber puncture and answer any questions she may have.

Introduction:

- *Doctor : (introduction)Hello good morning. I am doctor Mohammed , pediatric registrar , one of the team who looking for your baby Alexander . I believe you are Helen a mother of Alexander .*
  - *Mother : yes I am the one*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you*
- *Doctor : (agenda) I am here today hopefully to discuss something about Alexander condition.*
- *Doctor : (attender and arrangement) I had made arrangement so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*
- *Please tell me if you want anyone to attend this meeting.*

Body:

- *Doctor: had you been informed about Alexander condition and treatment so far?*
  - *Mother: no one informed me anything.*
- *Doctor: (explore agenda)actually miss Helen we suspect your baby infected by bugs(germs) which affect layers surrounding brain called –meninges. For this we want to confirm by doing spinal tab , which involves using special needle to obtain sample of fluid ,which travels up the spine and surrounds the brain (explain by paper) .*
  - *Mother: doctor you are already giving him treatment for meningitis , so you cannot continue treatment without doing lumbar puncture?*
- *Doctor: (explain importance of LP) it is important to isolate the organism as this will not only confirm whether you are using the exact antibiotic , but it will also determine the length of treatment needed.*
  - *Mother: doctor can you explain how this procedure done? And this will not make him feel pain?*
- *Doctor: (EXPLAIN LP procedure) after Alexander put in right position on his side with curved back , we will clean the area around lower back , and to make him free from pain we apply sedative cream called " umla cream" , before gently we inserted a needle*

between two bones in the lower back called vertebrae. The needle go straight through skin ,then tissue before reaching the fluid.

- *Mother: this is will not harm him?*

- *Doctor: (explain risk and unwanted effects and how avoided) actually every procedure had unwanted effects , but I want to reassure you that , this procedure done with skillful hand as we are following some measures which make this procedure with very rare unwanted effects.*
  - ✓ ***Failure to obtain a specimen and this can be avoided when done with skilful hand.***
  - ✓ ***May be injury the back due to wrong insertion and this also v.less when done under skilfull hand.***
  - ✓ ***Invasion of bugs " infection" and this will be avoided by cleaning area before insertion.***
  - ✓ ***Headache (5-15%) manage by pain killer.***
  - ✓ *cerebral hernation avoided by examining the eyes*
- *Mother: what is contraindication to procedure?*

- *Doctor: (explain contraindications)*
  - ✓ *If bleeding*
  - ✓ *If high intracranial hypertension*
  - ✓ *If wound or infection at the site of needle insertion.*
- *Mother: can I attend the procedure?*

- *Doctor: yes you can .*
- *Mother: is he awake or sleeping during procedure?*

- *Doctor: he will going in sleep by give him some sedation during procedure*
- *Mother: no other alternative for this procedure?*

- *Doctor: (explain no alternative/reassure) I appreciate your feeling , no alternative for this procedure but I want to reassure you that , it is safe procedure when done under skilful hand.*
- *Mother: (if mother not agree)what will happen if I am not agree to do this procedure*

- *Doctor: we will continue treatment for longer duration may reach up to 2 weeks. And you must sign formal consent that you are not agree.*
- *Mother: (if mother agree) ok doctor I am agree .*

- *Doctor: (ask formal consent) please miss Helen if you can sign this consent for your agreement.*
- *Mother: but first can I discuss this issue with my husband before sign for consent?*

- *Doctor: ok you can discuss with your husband but give us quick feedback , Because we want to do this procedure as early as possible for sake of your baby health.*

  Also I want to tell you that consultant in charge informed about intervention. have you any more concern ?
- *Mother : no .*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , I want to summarize what I said:*
  Alexander had suspicion of meningitis and he need to do lumbar puncture to confirm the diagnosis and to determined the length of treatment needed. This is procedure is safe procedure when do it under skillful hand.
- *and at the same time I will provide you leaflet, and websites for further information*
- *and also I can offer you another meeting with my consultant.*
- *Now can you summarize what I told you?*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Ethical delma

case 1 : rebeca page 155

mrs kirkbride has admitted to the labour ward e PROM and preterm onset of labour at 26 weeks . they concern about the poor survival rate and high risk of disabilities , so they don't want to rescutate .

TASK : explain to MR and MRS kirkbride the proposed management plan options for 26 weeks PT. parent they donot want rescutation.

Introduction :

- *Hello , Good afternoon.*
- *I am dr. mohammed neonatology registrar.*
- *I bleive that , I am talking to mr and mrs kirkbride*
- *Doctor : (ice break) How are you and how is labour going.?*
- *Mother : I am realy worry , because I have labour pain v.early and I afraid if baby delivery in this stage , will suffer from many problems if survive. We don't want this baby , we don't want you to rescustate .*
- *Doctor : (explain agenda of meeting) ok , I appreciate your feeling , I am here today to talk about survival rate and outcome of your baby in the future. if delivered at this stage. Is it suitable time for you to discuss this.?*
- *Mother : ok doctor no problem .*
- *Doctor : you want anyone else to attend with us?., and feel free to stop me at any point if I am not clear*

Body :

- *Doctor : (Check previous knowledge) but before that having any experience (among family and friends) of extreme preterm babies?*
- *Mother : yes doctor my sister have born baby early and develop many problem , now not hearing or seeing , and going to special school. And I don't want same thing happen to my baby.*
- *Doctor : (support) well , mrs kirkbride , I realize this difficult time for you . and for babies who delivered before date not all the same case . this depend on age of pregnancy and respond of baby to rescustation after delivery. That to say baby who delivered at 23 weeks gestation and baby delivered at 26*

weeks gestation although it's 3 week difference but there is agreat difference in survival rate and outcome . are you following me ? shal I continue ?

- *Mother : yes doctor , continue*
- *Doctor : (explain epicure – important to mention epicure) According to data from study called " EPICUR study " which is national UK data , suggest that 3 out of 4 babies who delivery at 26 weeks gestation will be expected to survive with modern treatment and more than 1/2 of these are intact without significant neuro developmental issues by 2 .5 yrs.*
- *In addition babies who are born to mother who have received drug called " steroid " treatment have improve the outcome. Am I clear till this point ?*
- *Mother : yes doctor. So doctor what you will do when my baby delivered*
- *Doctor : (explain plan of management) The delivery will be attended by neonatal team to assess the condition of the baby at birth and response to early intervention . It would be reasonable to drying , stimulate and put him under warmer and offer some breathing help (by giving oxygen through a mask or even by putting tube in his wind pipe) as a part of "early stabilization" and not to do more life saving measures "resuscitation". Then we will assess his breathing , colour , heart rate :*
    - *If there is <u>good response</u> to above intervention (in terms of improved heart rate , color and breathing) , we will admitted to NICU for ongoing care.*
    - *If <u>no response</u> , it would not be appropriate to intervene with medications such as adrenaline and cardiac message.*

- *Mother : yes doctor , I am following you. But doctor tell me is this plan you told may change after delivery of baby.?*
- *Doctor : yes mrs definitely may be change , may be baby his weight is more than excpected.*
- *Doctor : If mother insist not to resusistate give her chance to talk to her husband.*
- *Doctor : If insist still , give her chance to discuss issues with consultant , midwife and obstetrician.*
- *Mother : why doctor you want to push me to resustate the baby*
- *Doctor : if still insist , tell her that nothing will be done against interest of parents.*

Finalization :

- *In brief let us to go through point which we discussed .*
- *I will provide your husband leaflet about babies who delivered early.*
- *Will give chance to discuss issues with consultant neonatology , mid wife , and obstetrician.*
- *Any question so far*
- *Thank you.*

Overview :

Epicure : is the national U.K data (2006) for extreme preterm to survive under moderate treatment (M.V. and other thing) which suggest the following :

- *At 26 week gestation …… more than 2/3 will survive and more than 1/2 without disability.*
- *At 25 week gestation …….65% survive and 50% with disability.*
- *At 24 week gestation ……47% survive.*
- *At 23 week gestation ……25% survive.*
- *At 22 week gestation ……17% survive.*

CONSENT for Blood transfusion

Scenario : mb page 113

Task :

a. Introduction :

- *Doctor : Hello , good morning , I am dr. mohammed pediatric specialist trainee looking after ahmed. I believe I am talking to mrs wafa mother of ahmed .*
  - *Mother : yes you are right.*
- *Doctor : (ice break) : nice to meet you today*
  - *Mother : nice to to meet you two.*
- *Doctor : (agenda) I need to talk to you about some of the plans we have for ahmed treatment. Is it suitable time for you.*

- *Mother : yes it's suitable*

- *Doctor : (arrangement and attender) I made arrangement so no one will disturb us , and if you want anyone else to attend with you , it's welcome*
  - *Mother : no thank you.*

b. Body :

- *Doctor : (Check previous knowledge) before I start , could I know what has been explained so far about ahmed current situation?*
  - *Mother : you know my baby is v.small delivered before his date . and they inform me that my baby need blood transfusion , I want to know why ?*
- *Doctor : (explain Indications for transfusion) as you said your baby is small and delivered before date , and these babies are more prone to develop low level of Hb " Anaemia" a substance responsible for carring O_2 in our blood b/c :*
  - *of frequent sampling to monitor her condition , and*
  - *their factory of blood which called bone marrow is immature*
  - *Mother : so how transfusion will help him*
- *Doctor : (Benefits of transfusion). As you know your baby having v. low hb , and hb as you know is responsible of carring O2 to our vital organ . and if not transfused this will affect his BP , breathing and even heart .*
  - *Mother : no risk for transfusion ?*
- *Doctor : (Blood Transfusions complications and how you will solve) you know any procedure carry a risk , but in our hospital we have measures trying to minimize like such unwanted effects :*
  - ✓ *Wrong Pt. and Wrong Blood can be given – but we avoid this by double checking , as well we are labeling patient and bag.*
  - ✓ *Some time destruction to RBCs can happen (Acute hemolytic reactions within 15 min or Delayed hemolytic reactions) although it is very rare but we are going to prepare our self to give him medicine which act against this reaction.*
  - ✓ *Also our defence system may response abnormally to transfused blood which called "Allergic reactions"— and this avoided by slow Transfusions.*
  - ✓ *Infection : (bacteria –Rare) , HIV , hepatitis C - and this avoided by checking the donor's blood before giving.*
  - ✓ *Transfusion can decrease temp if given cold "Hypothermia"- for this we use warmed Blood. Am I clear till now ?*
  - *Mother : yes , but still doctor I am very worry regarding this*
- *Doctor : (reassure) I appreciate your feeling , but I want to reassure that , we all here for the best interest of your baby*
  - *Mother : ok doctor*
- *Doctor : (ask for Formal consent) so now could we have your permission to give him atransfusion?*

- *Mother : but still I am not comfortable to transfusion*

- *Doctor : we will give you chance to discuss this with your husband , but we will wait for your quick response.*

c. Finalization :

- *Can I summarise what we have talked through . I have told you that he is stable but he is anaemic and unless he has a transfusion we expect this will affect his breathing and his BP. We haved talked about the risks of transfusion and how these are small and every effort is made to minimize them with procedures for checking donors and double checks to make sure the right blood is given to the right baby.*
- *I will provide you with written information about transfusion.*
- *Have you got any further questions about anything I have said?*

Difficult conversation

Scenario 9 : teenager DM e Poor Compliant : rebbeca (231)

Background : Teenager k/c of DM for last 4 years. with Deterioration in blood sugar control recently .

Task :speak to mark and explore the possible reasons for his recent deterioration in blood sugar control.

Introduction :

- ***DOCTOR** : (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed peadtric registrar working in this hospital , I believe I am talking to mark 14 yrs of age .*
  - ***MARK** : yes you are right.*
- ***DOCTOR** : (ice break) nice to meet you and thank you for your coming today .*
  - *Mark: it's my pleasure , nice to meet too.*
- *Doctor : (attender) I had made arrangement nobody will interrupt us. If you want anybody else to attend with you its well come*
  - *Mark : thank you doctor .*

Body :

- *Doctor : (previous knowledge of meeting) mark you know why I am here today ?*
  - *Mark : no I have no idea*
- *Doctor : (clarify agenda of meeting) actually I asked by your GP to review you b/c he has concern about deterioration in your blood sugar control and also you have one admission for diabetic keto acidosis , am I right ?*
  - *Mark : yes you are right.*
- *Doctor : .Is it oK to Discuss this issue with you ?*
  - *Mark : yes doctor*

  Doctor : (check previous knowledge) ok , mark I want from you to be free , and ask me any question , if anything not clear , came to my knowledge that you have good control of your diabetes over last 4 years , but recently your diabetes came back , so mark What you think the reason behind deterioration of your blood sugar ?
  - *Mark : yes doctor I will tell you , first I am not inject insulin at school because my friends laughing to me , so only I am inject it at home. Also My parents stop me from playing with my friends.*
- *Doctor : (encourage) thank you for your being honest with me , be sure we are here for support and help you.*

- *Mark : thank you doctor*

- *Doctor : Do you have an idea about Risks if not Following the D.(Outline the Risks)*
  - *Mark :*
- *Doctor : (explain risk if diabetes not control) actually tight control of blood glucose is so important mark because high blood glucose for long time can affect many organs like eyes , heart , kidneys , are you agree with me*
  - *Mark : yes , I gree with you , but what I will do for good control.?*
- *Doctor : (check previous knowledge of control diabetes) ok , mark let us to give you some information about control of diabetes , the control of diabetes mainly depend on 3 factors , did you know them ?*
  - *Mark : I know insulin doctor*

  Doctor : (explain control of diabetius) yes you are right , Diabetes is lifelong and you should take your insulin regularly and at fixed time , and also you must take diet free , and also sleep pattern must good and exercise. Am I clear till this point
  - *Mark : yes doctor*
- *Doctor : do you have particular worries mark ?*
  - *Mark : yes doctor , and I am afraid to go to school.*
- *Doctor : (solution of problem) I understand that diabetius is difficult condition , but I will arrange to solve this problem , I will contact*

Finalization :

- *Doctor : again Thank you for being honest to me & I know it's a difficult conversation to you.*
- *Doctor : (summary) in brief we will go through the point which we discuss .*
- *Doctor : (Give a plan of management) I will give you contact number of Support group , we will involving School Nurses , and arrange another meeting with my consultant.*
- *Doctor : I will provide you with leaflet as well as meeting with other Groups of Pt. with same D.*
- *Doctor : thank you.*

MMR Vaccine Refusal

Scenario (Rebecca p.213) : MMR VACCINE AND RELATION TO AUTISM.

Task: discuss with mrs madisson her concern regading MMR vaccine.

Introduction :

- *Doctor (introduce himself and to whom talk) : hii good afternoon , I am doctor mohammed pediatric registrar working in this hospital. I believe I am talking to mrs maddison mother of lewis .*
    - *Mother : yes I am.*
- *Doctor (ice break and) Thank you for your coming today , this means you are keen of your baby. I understand that you have some concern regarding MMR vaccine.*
    - *Mother (main concern) : yes doctor.*
- *Doctor (agenda of meeting) I am here today to discuss with you about MMR vaccine and clarify any concern you have.*
- *I arrange this meeting that nothing will interrupt us.*
- *you want anyone to attend with you*
    - *Mother : no thank you doctor.*

body :

- *Doctor (check previous knowledge) first let me know what you know so far about MMR.?*
- *Mother : really my baby is due for MMR and I afraid may harm him .*
- *Doctor (explain what is the MMR and its effect) ok I appreciate this , first of all I will try to explain what is MMR , but at any point if you found me very fast or any point not clear stop me at any time .*
- *Actually MMR vaccine is substance composed of Weakened Versions of measles , mumps and rubella viruses. Introduce to the body through intramuscular injection and it will enhance our defence system to produce antibodies againt 3 viruses which are very dangerous viruses and causes different problems and can even cause death , but since vaccine started it eradicate these 3 diseases. And also b/c are weakened no transmission to other children .*
- *The 3 components Should be given together (↓ the injection NO / more effective) are you following me?*
- *Mother : yes , I am following what are side effects of MMR vaccine ?*
- *Doctor (explain Side Effects of MMR vaccine)*
    - ✓ *Local : minor redness / pain / rash /L.N.(swelling gland).*
    - ✓ *Generalized : Fever ± Fits / affect the brain later " SSPE.(rare)".*
- *But as I indicated earlier you know viruses itself has a lot of side effects and even can lead to death, so incomparoson, the benefits of vaccine over weighing the risk of vaccine.*
- *Mother : but I refused to give my baby this vaccine ?*

- *Doctor (clarify her main concern) can I know Why you refuse to give vaccine ?*
- *Mother : because I read in the media that there is relation of this vaccine with autism .!!!*
- *Doctor (correct false idea) I appreciate your concern , actually the study show NO relation between MMR & Autism or Bowel Problems , yes before there are stories in media like this , but now these stories is out of date (not true.)*
- *Mother : but doctor I am still not convenced to give my baby this vaccine*
- *Doctor (reassure) It is your own decision of you to give or not , I am here today only to provide you with right concept.*

Finalization :

- *Summarise: let us now to go through point which we discussed about MMR vaccine , that is MMR vaccine is highly effective against 3 dangerous viruses , and have no relation b/w MMR vaccine and autism , and bowel disease.*
- *I will Offer to you written information and web sites. To see more about MMR vaccine.*
- *Also I can arrange another meeting to discuss more about vaccine.*
- *Check understanding*
-

MMR Vaccine and egg allergy

1/ Children with Egg allergy SHOULD have MMR Vac.

2/ Studies suggest that no increased risk of allergy among those who have Egg allergy.

3/ Children with severe Egg allergy can be safely given MMR in community H.C.

4/ The Vaccine should be given as whole(MMR) for maximum effect &lowest S.E.

4/rare Risk of Measles (Pneumonia / convulsion / SSPE / Death)

5/ Common Risks (Fever & Malaise / F^{O}. Convulsion / ITP)

6/ No relation between MMR & Autism .

7/ Don't be pushy or judgmental (your responsibility is to tell information only)

EDUCATION

Scenario 1 (digeorge syndrome): *Rebecca page 179-180.*

Ahmed is 6th yrs medical student interested in pediatrics , today joined your department . she want to know about digeorge syndrome.

TASK : EXPLAIN TO AHMED THE DIAGNOSIS OF " DIGEORGE SYNDROME" (I.E PHENOTYPE FEATURES ,MECHANISM OF DIGEORGE SYNDROME , COMPLICATIONS)

Introduction:

- *Hii ahmed good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *I think You know me I am doctor Mohammed , pediatric registrar .*
- *Ahmed I think you join our department recently.*
- *(welcoming) welcome , and I hope you will enjoy working in our department.*
- *Doctor : (ice break - Motivation) I am happy to sit with very enusthusastic and keen medical student like u. whose interested in pediatric .*
- *Doctor : I am happy to sit with you today to discuss condition of one pt. in the ward.*
- *And I made arrangement so as no one will disturb us .*

Body:

- ***DOCTOR*** *: (clarify the role) so can you please tell me dr. ahmed why u want to sit with me today?*
- ***AHMED*** *: doctor I heard this morning in the round one baby suffering from digeorge syndrome , I want to know more about it.*
- ***DOCTOR*** *: (**check previous knowledge**) have you ever heard about digeorge syndrome?*
- ***AHMED :*** *I have no idea.*
- ***DOCTOR :*** *(explain what is digeorge syndrome) now I will try to explain **what is digeorge syndrome** , and please if any point not clear, or I am too fast , I will be happy to stop me at any time.*
  Digeorge syndrome is rare immuo def. Syndrome which result from abnormal development of the 3rd and 4th pharyngeal arches. Due to deletion of chromosome 22.and results in many problems in our body.
- *Doctor : do you know what are the main problems associated with this syndrome ?*
- *Ahmed : no*
- *Doctor : (explain main problemsof digeorge syndrome) ok , the main three problems are :*
  - *Hypocalcaemia due to hypoparathyroidism.*

- *Immune defect due to thymus hypoplasia lead to cell-mediate immunity defect which present with recurrent chest infection.*
- *Congenital heart defects which are truncus artrious , TOF.*

- *Doctor : (recheck) Now can you tell me what we discuss till this point.*
- *Ahmed : repeat what told above.*
- *Doctor : excellent doctor . now can you describe what features you observe in the pt.?*
- *Ahmed : what I observed are : low set ears , cleft lip*
- *Doctor : (explain clinical features) yes you are right , and also I will add :*
  - *Hypertelorism increase distance b/w 2 eyes.*
  - *Downward- sloping palpebral fissures.*
  - *Micrognathia which mean small chin*
  - *Short philtrum i.e groove b/w nose and upper lip.*
- *Ahmed : can you tell me how can be diagnosed ?*
- *Doctor : (explain diagnosis) diagnosis is genetically , as I said it's due to deletion of chromosome 22 , which confirm using fluorescene in-situ hybridization (FISH) study.*
- *Doctor asking ahmed can you repeat this for me?*
- ***AHMED** : repeat what doctor said. What about management ?*
- ***DOCTOR :** (explain management)management is :*
  - *Treatment of underlying cong. Heart disease.*
  - *Treatment of associated infection.*
  - *Possible bone marrow transplants/fetal thymus implants.*
- *Doctor : (**recheck**) now can you repeat for me ?*
- *Ahmed : repeat what doctor said.*

Additional questions may be asked :

- *Ahmed : what about their mentality ?*
- *Doctor : they have moderate mental disability.*

***Finalization:** when announcing 2 minutes left*

- *This outlines of diageorge syndrome , I think we have no time to cover it all in one section . I hope that I explain to you what u want to know about digeorge syndrome , now in brief we can go through the point which we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Improper colleague – work problems

Scenario 3: *mb. 134 (dr. Hassan fail to attend call from his colleague)*

You are senior registrar working in busy hospital. Dr.Hassan is ur junior colleague , he is not attending call regading help in general pediatrics ward at busy times . And he reply her arrogant and told her he was alone and bussy with one pt.

TASK : TALK TO HIM ABOUT REFUSING TO HELP CLERK IN GENERAL PAEDIATRICS PATIENTS AT BUSY TIME.

Introduction:

- *Doctor : Hii good afternoon. How are you dr. Hassan?*
  - ✓ *Dr. Hassan : I am fine*
- ***Doctor : can we get a cup of tea together ?***
  - ✓ ***Dr.hassan : absolutely.***
- ***Doctor : How you find work in this hospital ?***
  - ✓ ***Dr.hassan : is not easy , it is hard job.***
- ***Doctor****: yes I know this , and I appreciate this .how is ur night duty?*
  - ✓ ***Dr.Hassan*** *: it is ok. busy as usual.*
- *Doctor : Today I have made arrangement so as no one will disturb us , to discuss some event happen yesterday .*

Body:

- ***Doctor: (checking previous knowledge****)Can u tell me what happen yesterday ?*
  - ✓ ***Hassan*** *: nothing happen, anything wrong?*
- ***Doctor:*** *(clarify task) yes , actually there is concern raised that …you are refusing to help in clerk in general pediatrics ward and you have not respond promptly to call from your colleague.*
  - ✓ *hassan : no doctor this not true , who said that.*
- ***Doctor : actually we are not here to tell who said that , is that something happen and everyone know this happened yesterday . Realy I feel stressed & frustrated , when I heard this , because it seems as though we are not working well as a team , do you think that what I am saying is fair?***
  - ✓ *Hassan : I am not want to discuss this , you are criticizing me and tell me I am not doing my work , I am not accept that .*

- *Doctor : (reassure/ absorb her anger) sorry dr.hassan I am really sorry to make you feeling like that , I am not here to criticized you or judge you , I am here to talk to you as your colleague , I am here to give you hand of help.*
- *Hassan : ok , it's not true any way .*
- ***Doctor :** (answer 1) ok dr. Hassan many of your colleague concern that you are not helping them . as you know in our protocol in this hospital when there any urgent call you must attend this call . And once colleague call you this means , he need you and you must respond quickly .*
- ***(Doctor check why not helping) May I Know why you are not helping your colleague ?***
  - ✓ *Hassan : I was bussy with critical pt. in picu and I was alone yesterday night and for this I am not respond , I am doing my work , I am not doing mistake , I was respond to all calls before*

- ***Doctor : (encourage him / answer2) I appreciate your work** and we know you are keen for the pt. since u join the department. **But like this circumstances once you have sick baby in picu , u have to call for help because we are team work , and this one of our hospital values even your consultant can deal with sick baby in picu , and you can proceed to paediatric ward. I am here to help you to solve the problem , before it will become more serious***

  - ✓ *Hassan : what you mean by serious*
- *Doctor : we mean that this thing now at our level , we can solve it easier , but if any one complain against you , it will become more problem for you.*
  - ✓ *Hassan : so what will happen for me now?*
- *Doctor : (explain what will happen for him) we have to report what happen and to include our consultant let us go together to meet him and I will help you , actually we want to support u and we will discuss this issue in the meeting with your other collegue*
  - ✓ *Hassan : ok , doctor.*
- ***Doctor : Are there any areas you are finding particularly difficult?***
  - ✓ *Dr. Hassan : yes , a lot of work , and I cannot finish even my work before going . how can I helping others?*
- *Doctor : (try to find soluation) ok , dr.hassan I understand , I know our unit is v.busy , and we have short in staff , but we must finish our work before going home because as you know care of patient is our priority, but also we must respond to call from our colleague . I will sit with you and show you how manage like this case if again happen , and to sit with to talk about time management .*
- *Doctor : do you have any more concern ?*
  - ✓ *Dr .hassan : yes doctor my collegue not helping me why shall I will helping them*

- *Doctor : ohh , this really not good point dr, Hassan, because it seems as we are not working as ateam , and never forget we must work as **team** to fulfill hospital and departmental vision.*
  - ✓ *Hassan : yes , ok*

- *Doctor : ok We must help each others to make things more easier , any how we are human being and we can commit mistake , All of us learing from our mistake and best one is the one who correct himself as soon as detected his mistake.*

- *Doctor : so I hope that I made things more easier and everything clear now.*

  - ✓ *Hassan : yes doctor.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , in **brief we go through the point which we discussed , I hope that I make things clear for you** , I will say what we discuss in this meeting that we must help each others and working as team , and we must know our pt. is our priroty , also we need to work as team and help each other*
- *I would like to thank you for listening to me today , and also I can offer you another meeting with my consultant.*
- *Have any more question or concern?*
- *At the end thank him and examiner.*

CI-Surgery delay

Case 2 :(Rebbeca p 144 *) jack is 5yr old has epilepsy , and postpond his operation tonselectomy due to emergency.*

Task : talk to mrs barr and explore her concerns

Introduction :

- *Hii good afternoon.*
- *I am doctor Mohammed , peadtric registrar working in this hospital.*
- *I Believe you are Mrs barr a mother of jack .*
- *Welcome, And I would like to thank you for coming today.*
- *I had made arrangement , so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: how is jack today?*
- *Mother: he is ok.*
- *Doctor: (clarify the role of meeting) I understand you are un happy and upset because of delay jack operation , and I have been asked to talk to you about this issue , is it ok for you.*
- *Mother : yes , yes realy I want somebody to talk to him about .*
- *Doctor : ok , before I begin I want to know what is your worry and concern regarding delay in jack operation.*
- *Mother : what are you telling doctor , my son has epilepsy and he is on medications , and any delay in operation that mean he will not take his medication in appropriate time , so I am afraid he may have seizure again doctor.*
- *Doctor : (1st apologize) I appreciate your concern , and I apologize on behalf of surgical team , for that delay in his operation , and I want to reassure u that jack doing well in the ward , and his operation went on smoothly , and now he is took his meal and took his medication and closely monitored by surgical team , and our nurses. And Regarding post ponding in his medication , we discuss with children doctor of nerve and brain , and he is following him now.*
  So your son in safe hand.
- *Mother : doctor I want to know why they delay operation of my baby , is there any VIP pt. so they give him priority ?*
- *Doctor :(explaining why operation delay) I understand your feeling , but our moral ethical and prostitional duty are to put our pt. in priority according to medical situation , and unfortunately there was urgent operation at that time and as you know mrs barr emergency is not our hand , it is something unpredictable and if you are not deal with them as soon as possible we may put patient at risk and this why operation of jack has been delay. Do u got my point mrs jack.*

- *Mother : see doctor , this is not our problem why you have no enough doctor , and why you have no separate room for emergency operation.*
- *Doctor : (what you do to improve work) you are right mrs barr , but actually this is situation in our hospital , but now days we are working on these issue , by making emergency operation separate from routine operation room , and hopefully as soon as we have enough doctor , we apply this system in our hospital , so children will not face such problem in the future.*
- *Mother : please doctor , now I want to know why surgical team did not tell me what was going on ?*
- *Doctor : I know the situation is very difficult for you , and I apologize on behalf of my colleague and I will speak to them , when I will go from here , we are believe in good pt-doctor relationship.*
- *Mother : doctor , I am suffer a lot in this hospital , and I want to write complain , to whom can I write complain. Who's responsible here ??*
- *Doctor : (way of official complain) I appreciate your feeling , and I feel sorry for all suffering and troubles you face in this hospital , it 's your right to write complain , and I will tell you the right channel to contact **patient advice and liaison service " PALS**" and your complain will be taking seriously . me myself I will write incident report and I will send it to our hospital director , so may improve the work and try to avoid such problem in the future.*

Finalization: *when announcing 2 minutes left*

- *So , mrs barr , **again I apologize** for delay of jack operation , because of an emergency operation , but now jack in the ward remain stable and took his medication , and closely monitored by surgical team and by nurse staff.*
- *I will give you appointment for f/up in outpatient clinic with surgical team and doctor of nerve and brain. And if anything occur before this you can contact us.*
- *Please if you have any other questions or quiry that we are not discussed , please write down and we can arrange another meeting with my consultant.*
- *Thank you mrs barr for listenting to me today , and we can go together to see jack in the ward .*
- *At the end thank examiner.*

Consent – muscle biobsy

Case 2 : Muscle biopsy for sudden infant death syndrome (Rebeca 135 – 136)

- *Justine maple 18 year old mother of 4month old Leah.*
- *Leah is preterm 28 weeks after stormy neonatal course discharge home , one morning found him not breathing and declare dead in A/E and probable diagnosis of sudden infant death syndrome has been made .*

Task :ask Justine for consent to perform a muscle biopsy on Leah after his death.

Introduction:

- *Doctor : (introduction) Hello good morning.I am doctor Mohammed , pediatric registrar working in this hospital. I Believe you are Justine a mother of Leah .*
- *Mother : yes I am the one .*
- ***Doctor : (ice break) I offer My sincere condolences to you and your family in the loss of leah and I know you are facing a very difficult time** . And I appreciate your coming today to sit with me in this tragic circumstance.*
- ***Mother** : thank you doctor*
- *Doctor : (agenda) I am here today to discuss with you the need for your consent to take tissue sample from muscle "biobsy " of your baby . is it suitable time to talk about this issue.*
- *Mother : what is benefit to take sample after his death.*
- *Doctor : (arrangement and attender) I appreciate your feeling and I will explain to you everything . for this I had made arrangement so as no one will disturb us. Please tell me if you want anyone to attend this meeting.*

Body:

- ***Doctor** : what have been told so far about unexpected death of leah ?*
- ***Mother** : actually Leah is delivered at 28 weeks gestation and had very difficult period in nursery , she was discharged home 2 weeks ago on oxygen . this morning we found her not breathing , and informed us she is dead on arrival A/E.*
- ***Doctor** : (check her previous knowledge) really I am feeling sorry for this . they are not inform you what is cause of death?*
- ***Mother** : they told no exact cause of death and probable diagnosis of Sudden Infant Death Syndrome(SIDS). I want to know what is this ?*
- ***Doctor :** (explain what is SIDS) ok , I will explain to you what is SIDS , you can interrupt me at any time if any point not clear .*

  SIDS describes the sudden and unexplained death of a child under the age of 1year. It is a diagnosis of exclusion and can be made only after detailed history with examination of the site of death and postmortem examination. All other possible causes of death must be excluded to say this SIDS . So we want to take sample of Leah muscle to try to exclude some muscle disease and disease affect processing and breakdown of food on our body called "metabolic diseases" which may have caused Leah death.
- ***Mother**: what is the benefit?? she was already expire.*
- ***Doctor**: (explain the benefit of biopsy in expired baby) actually this is for sake of future pregnancies , to be aware of any disease that may run in family , so as to take care of coming child. Because these disease can run in family " inherited ".*
- ***Mother**: no we don't want to do it , and I don't want more child.*
- ***Doctor:** (reassure her) I know this difficult time for you , **but we don't want to loss the chance and this biobsy can be like light in a dark tunnel**. me and all staff here for your*

help , also we will contact the program of care of the next infant who expert in giving advice and support . and what happened to Leah, not necessary to occur in the coming children.

- ***Mother**: can you explain how you will take biopsy?*
- ***Doctor**: (explain procedure by drawing) Normally biopsies are taken from muscles in the leg or arm. A small cut (incision) is made and the muscle is carefully exposed. The sample of muscle is then taken and the wound is then stitched.*
  The muscle biopsy is processed and looked at under a microscope. Different tests are performed depending on the suspected diagnosis.
- ***Mother:** how much will took to know the result?*
- ***Doctor:** (reassure again)the results can take many weeks and sometimes months , but I want reassure you that you can take leah body to home and no need to wait whole this time for the body to be released so that u can make funeral arrangements.*
- ***Mother:** ok.*
- ***Doctor :** (ask for sign of consent) so now can you sign consent to perform a muscle biopsy on Leah.*
- ***Mother**: ok , I will sign.*
- ***Doctor :** if you have anything not clear or anything more to discuss please tell me.*
- *Mother: no*

Finalization: *when announcing 2 minutes left*

- *Now , let us to go briefly through points which we discussed :*
  Leah is suddenly expired and probable diagnosis of SIDS has been made and I explained it to you. And we want to perform a muscle biopsy on leah body to rule out some inherited/metabolic diseases which may have Leah death , forsake of future pregnancies.

- *I will provide you leaflet, and websites for further information*
- *and also I can offer you another meeting with my consultant. And contact numbers of support group*
- *Now can you summarize what I told you?*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Ethical delima

Case 2 : rebeca page 158 – teenager with anorexia nervosa.

TASK : talk to Fatima 15 yrs of age (who diagnosed as anorexia nervosa e hypotension and bradycardia and refuse to stay on hospital although their parents agree to stay)and try to convince her to stay in hospital.

Introduction:

- *Hii good morning.*
- *I am doctor Mohammed , pediatric registrar , working in this hospital.*
- *I believe you are fatima .*
- *Doctor : (ice break) How do you do ? how you find the way to our hospital ?*
- *Doctor : (agenda of meeting) I am here today to discuss with you important issues regarding your health and importance of staying in hospital . I made arrangement so as no one will disturb us.*
- *You are welcome and feel free when u talk to me .*

Body :

- *Doctor : hello , how is your health?*
- *fatima : (kept silent)…….*
- *Doctor : (check previous knowledge) why u kept silent , we all here to help you . so please can you tell me why you are here in the hospital?*
- *Fatima : because I was slightly ill and now I am well.*
- *Doctor : what they told you so far about your condition ?*
- *Fatima : no*
- *Doctor : (check previous knowledge) your diagnosis is anorexia nervosa , you know what is anorexia nervosa ?*
- *Fatima : no (she is depressed and not looking to doctor playing with her mobile)*
- *Doctor : (let her give u her attention - explain what is anorexia nervosa) please Fatima can you put your mobile for some time I will have serious talk regarding your health . anorexia nervosa is eating disorder (people with AN restrict their intake of food to degree that they lose considerable weight and become v.thin) , it's serious mental health problem if not treated it can affect health and can lead to death. but **I want reassure** you that with appropriate help and support . , and for this you are here in hospital and you will remain inpatient for more days.*
- *Fatima : no , I don't want stay at hospital , I am feeling well and I want to go home.*
- *Doctor : (1st response to convence) actually opinion of both the medical staff caring for you and your parents is that the best place for you is as an inpatient on this unit*

(adolescent eating disorders unit). Because your are hypotensive , bradycardiac .your life will be in danger.

- *Fatima : if you want to help me , please discharge me from this nasty hospital.*
- *Doctor : (2nd response - explain dangerous of her condition)*
- ***A nice girl like u she want to enjoy her life , she want to have friends , she want to go in and out , is this n't ? by doing this you may lose your life***
- *you know what mean when you are bradycardic and your BP is low ….this dangerous and may lead to death. and if you are not treated this condition it affect your height (you like to become short in the future ???) and will affect your capability of giving birth in the future ,(you don't want to become mother???).*
- *Fatima : I know this but also I want to go home.*
- *Doctor : (3rd response to convenes) we need to do what we believe it's best interest for you , although we need you to accept that but at your age **legally you cannot refuse treatment because it will causes you harm , and also your parents both given us approval "consent " to be inpatient.***
- *Fatima : my parents not love me*
- *Doctor : (try to find solution for her problem) no they are keen about you and they are worry about your health. And also all medical team working in this hospital.*
  If you feel the ward is pouring , you can spend some time in the garden of the hospital , with your peers in this hospital.
- *Fatima : no I don't wanna to stay. I want to spend time with my friend outside this hospital.*
- *Doctor : (4th response) also I can give you chance to discuss with your parent and also we will take help of mental health doctor.*
- *Fatima : you think I am a mad to take help of psychiatrist ?*
- *Doctor : no . **doctor of mental health is not only for mad people but also help in your case.***
- *(encourage and support) You know Fatima with treatment u will completely recover and you can gain weight.*

Finalization :

- *Let us in brief going through points which we discussed*
- *I Will arrange meeting with my consultant , doctor of mental health , and doctor of food , for more discussion .*
- *I can offer for you websites , and leaflet to know more about your condition.*
- *Any questions. Thank you.*

CONSENT

senario 7 - mb 136

TASK : obtain consent for insertion of umbilical arterial catheter

Introduction :

- *Doctor : (introduction) Hii good morning. I am doctor Mohammed , neonatal registrar , one of the team who looking for your baby ahmed . I Believe I am talking to Mrs sara a mother of ahmed .*
  - *Mother : yes doctor.*
- *Doctor : (ice break) welcome and nice to meet you today .*
  - *Mother : nice to meet you too.*
- *Doctor : (clarify agenda) I am here today to take consent of procedure , we will going to do for your baby a hmed . is it suitable time for you ?*
  - *Mother : yes doctor , any wrong with him .*
- *Doctor : (arrangement and attendant) I had made arrangement so as no one will disturb us. Please tell me if you want anyone to attend this meeting*
  - *Mother : thank you doctor*

Body :

- *Doctor : (check previous knowledge) first let me know what they told you so far about ahmed condition ?*
  - *Mother : which I know ahmed is delivery before date and his weight is very small. And connect to breathing machine.*
- *Doctor : (explain what you will going to do and indications) yes exactly as you said ahmed is small and connected to breathing machine for this he need close montoring of his blood pressure and need frequent blood sampling , and to avoid frequent pricking to take blood from peripheral blood tubes , so we decide to insert umbilical artery catheter ….*
  - *Mother : what is this doctor ?*
- *Doctors : (explain what is UAC) ok , I will explain to you every things and feel free to stop me and ask me any questions*
  UAC is abbreviation for "umbilical artey catheter " which is flexible plastic tube inserted in blood tube of belly bottom .
  Let me draw for you to make things more clear , this tummy of your baby and lower down there is bottom of belly called " umbilicus " , from umbilicus there is stump - which connect the mother to the baby when he was in his womb, this stump contain blood tubes responsible for giving oxygen and nutrition and get rid of waste product. - Stump contain 3 blood tubes which are 2 arteries and one vein . am I clear so far ?
  - *Mother : yes , doctor*

- *Doctor : (explain procedure) first we will tiding the base of stump to avoid blood loss and clean area very nicely to prevent bugs invasion , then we will widening the artery after that will introduce the catheter up to its proper place , then we will fix the tube in place by stitch it to the stump , to avoid accidently fallen. After that we will take x-ray abdomen to insure it's in correct place .*
  - *Mother : yes doctor it's clear , but I afraid that may be painful for him ?*
- *Doctor : (reassure not painful) appreciate your feeling , but fortunately no sensation in stump of belly bottom*
  - *Mother : no need to use painkiller*
- *Doctor : no need to use any medicine.*
  - *Mother : this good , so no harm from this procedure to my baby*
- *Doctor : (explain Risks of procedure and measures to minimize) as any invasive procedure there is risks but we can say this almost safe procedure when done by skillful expert doctor , risks are :*
    - ✓ *Failure to get UAC and this avoided when done by expert doctor.*
    - ✓ *Blood loss and this avoided by tiding the base of the stump.*
    - ✓ *Displacement accidently and this avoided by stitching firmly the tube to the stump.*
    - ✓ *Invasion of bugs "Infection" and this minimized by Clean area before insertion and follow anti septic measures like wearing of gown to avoid infection.*
    - ✓ *Wrong pathway and position can lead to blood clot in blood tubes " arterial thrombosis " of kidney "renal artery thrombosis " , distal ischemia e.g legs and abdomen causing injury to bowel " NEC" and this minimize by Removing the UAC as soon as it is no longer needed. And by Checking for correct placement by doing imaging to abdomen. Am I clear till now ?*
  - *Mother : yes clear doctor , thank you , no any alternative*
- *Doctor : (no alternative , reassure) may be there are other alternative procedure which are more complicated than this and may take longer time " central line" , but I want to reassure you that it is common procedure done for many babies in our department , and it's almost safe procedure with very less unwanted effects especially when done under skillful and experts doctors . have you any more concern ?*
  - *Mother : no doctor*
- *Doctor : (ask for consent) so please can you sign for consent for the procedure ?*
  - *Mother : still , I am not comfort to this procedure , I want to discuss with my husband*
- *Doctor : (refer to senior if insist refuse) your right to call your husband , but we are waiting for your quick response , and also soon I will arrange to meet my consultant to explain to you more about the procedure*

Finalization :

- *Now let us going through the points which we discussed briefly :Actually your baby ahmed is deliver very small and he is in critical condition and need frequent sampling for this we need to insert umbilical artery catheter , which is common procedure with minimal unwanted effect when done under skillful hand.*
- *and I will provide you written information sheet , leaflet, and websites for further information*
- *and also I can arrange to you a meeting with my consultant before procedure*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Breaking bad news

Scenario JEDAH EXAM (PVL diagnosis): *MARCH 2016*

2 week old Sarah is born at 26 week gestation by NVD. Diagnosed as IVH in 1st few days then resolved was on ventilator then CPAP and now on O2 nasal prong , she is ready for discharge . cranial U/S show 5 small cystic lesions near to ventricle going with diagnosis of PVL.

TASK : EXPLAIN TO FATHER OF SARAH THE DIAGNOSIS OF PVL AND MANAGEMENT PLAN .

Introduction:

- *Hello good afternoon. I am doctor Mohammed , neonatal registrar . one of the team taking care for sarah .*
- *I believe I am talking to mr ahmed a father of sarah .*
- *(ice break) 1st I congratulate on delivery of sarah. and thank u for sparing time and sit with me today. How is sarah today ?*
  - *Father : she is doing well.*
- *I had made arrangement so as no one will disturb us.*
- *If you want anyone to attend with us it's welcome. And sister who's taking care of sarah will join us soon.*

Body:

- *Doctor : (clarify agenda of meeting) I am here today to discuss and update you with sarah condition , regarding jelly scan done for her yesterday , they told you anything ? .*
  - *Ahmed : they told showing PVL . what is PVL ?*
- ***DOCTOR :*** *(check previous knowledge)you did not heared before about pvl* ***?***
  - ***AHMED : NO DOCTOR.***
- ***DOCTOR****: (explain what is PVL by drawing) OK , feel free to stop me and ask me any question if any point not clear for you.*
  actually , ***Periventricular leukomalacia (PVL) is a type of brain injury that is most common in babies born too early (premature) . The white matter (leuko) surrounding the ventricles of the brain (periventricular) is deprived of blood and oxygen leading to softening (malacia) ,***
  - ***AHMED :*** *no. but I want to know why my baby getting this problem ?*
- ***DOCTOR :*** *(explain causes / pathophsiology of PVL) I know this difficult time for u , but let me explain it , developing brain of baby needs a good supply of nutrients, blood and oxygen. If the blood supply to an area of the brain is stopped or reduces, this causes tissue damage. We do not know what exactly causes this reduced blood flow but it seems to be*

more common if a baby has already had a bleed in the brain (intraventricular haemorrhage).

And It is also more common in babies born prematurely or with very low birth weight , As your baby . are u following me ?

- *ahmed : yes*
- *Doctor : so can you repeat this for me?*
- ***AHMED** : Is my baby will become handicap in the future?*
- ***DOCTOR :** (explain outcome of PVL) I appreciate your feeling , **as the white matter is responsible for transmitting messages from nerve cells in the brain so damage to the white matter can cause problems with movement and other body functions like vision , hearing .***
- *But No one will predict what will happen in the future because this depends on the amount of brain tissue damaged – some children will have minimal problems but others may have severe disabilities.*
- *But any how this disease is static which mean will not become worse while baby growing.*
- ***AHMED :** but my baby moving normal , I am not notice any change ?*
- ***DOCTOR :** yes your baby now is ok , these abnormalities It is not usually obvious at birth but occur later at around 1-2 yrs of age . for this we will follow her in clinic and we will discovered any problem early.*

- ***FATHER :** doctor are you sure of this diagnosis , or you are going to do more test to confirm the diagnosis ?*
- ***DOCTOR :** (explain diagnosis of PVL)*
    - *Periventricular leukomalacia tends to be suspected in babies born prematurely or at low birth weight, so they may be checked soon after birth before any symptoms start to show.*
    - *They may have a cranial ultrasound scan .*
    - *Another imaging scan that might be suggested is an MRI scan – this shows the characteristic appearance of the condition.*
- *FATHER : what is your plan of management ?*
- *Doctor : (explain management of PVL) I am sorry to tell you that , Periventricular leukomalacia itself cannot be treated but much can be done to help improve the symptoms. Depending on the degree to which a child is affected, we can involve many professional in her management like physiotherapy , occupational therapy , vision and hearing support as well as Speech and language support .*
- *Are you following me , can you repeat up to this point .*
- *Father : yes , repeat what doctor tell .*
- *Doctor : have you any question or concern ?*

***Finalization:** when announcing 2 minutes left*

- *Really this is difficult time for u , Now let us to go in brief through the points which we discuss that your baby sarah having …….*
- *and I will provide you written information, websites , and if u want to meet my consultant.*
- *At present sarah is stable , we hope that small area of sarah brain affected , but need monitoring for long period of time , and we will keep you fully updated .*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank ahmed and examiner.*

Breaking bad news

Scenario 12(down syndrome): *mark beatie (page137)*

Fatima is a mother of 12 hours old ALI with a features of down syndrome .

TASK : BREAK THE NEWS TO MISS FATIMA THAT YOU SUSPECT HER BABY HAS FEATURES OF DOWN SYNDROME

Introduction:

- *Doctor : (introduction) Hii good morning , I am doctor Mohammed , neonatology registrar working in this hospital , I Believe I am talking to miss Fatima a mother of Ali*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) First of all congratulations on birth of ALI , how are you and how is your baby ?*
  - *Mother : thank you doctor , I am fine.*
- *Doctor : (agenda of meeting) actually , I am here today to discuss some issue regarding your baby ali . is it suitable time for you?*
  - *Mother : yes doctor , no problem .*
- *Doctor : (attender and arrangement) ok , we will discuss this , and I made arrangement so as no one will disturb us , and If you want anyone to attend with us it's well come , and sister who take care of Ali will be with us.*
  - *Mother : no thank you doctor.*

Body:

- *Doctor : (clarify agenda of meeting) I have been asked to sit with you today because we having examined your baby and found there are some features which are of concern . are you noticed any abnormal features ?*
  - *Mother : what I noticed his eyes are up slanting , short neck only anything more ?*
- *Doctor : (explain features of down syndrome) yes you are right your baby seems generally very floppy , as well as in :*
  - ✓ *hands we noticed fingers are short single crease in the centre of the palm instead of normal crease (show him your crease).*
  - ✓ *in the foot increase space between 1st and 2nd finger which called " sandle gap ".*
  - ✓ *In face we noticed small nose , upward slant to the eyes , small skin fold on the inner corner of the eye , large tongue in relation to size of the mouth , ear is more down site.*
  - ✓ *Also neck is short and excess skin in the back of neck , hair is more down site , , am I clear so far ?*

- *Mother : yes I am following you , so what ?*

- *Doctor : when we see all of these features together , we worry that your baby could have what is called "down syndrome" ….. pause.*
  - ***MOTHER** : ooh my god , what you said ? down syndrome.!!!!*
- ***DOCTOR** : (show some sympathy) I know it's difficult time for you . and I appreciate your feeling shall I continue ?*
  - *Mother : yes doctor continue.*
- ***DOCTOR** : (check previous knowledge) let me first check how much you know about down syndrome ?*
  - ***MOTHER** : no I have no much information.*
- *Doctor : (explain what is down syndrome) before I will explain down syndrome , feel free to stop me if any point not clear for you , and ask me any question.*
- *Actually , down syndrome is common a genetic chromosome problem characterize by typical facial features. And they have some degree of learning disability. They are also at increased risk of having various other medical problems. There is no cure for Down's syndrome. It will affect someone throughout their life.*
  - *Mother : this not clear for me , what you mean by genetic chromosome ?*
- *Doctor : (explain what is chromosome and gene) our body consists of many cells which is building blocks of our body , each cell has 46 stick like structure called " chromosomes " arrange in 23 pairs " i.e each chromosome have 2 copy " one copy from father and other copy from the mother .chromosome which carry genetic information in the form of gene which is substance determined our colour , height , ……*
  But in case of down syndrome due to fault during division of cells , they have 47 chromsome instead , because chromosome 21 has 3 copy instead of 2 copy. For this they called trisomy 21. Are you following me ?
  - *Mother : yes , but doctor are you sure my baby having down syndrome ?*
- *Doctor : up to this point we cannot say your baby having down syndrome , but these features when collectively present most likely suggest down syndrome , but need blood test to confirm this diagnosis.*
  - ***MOTHER :** what is this test ?*
- ***DOCTOR :** (explain chromosomal analysis to confirm diagnosis of down) we will took blood looking for 3 copies of chromosome 21. Am I clear so far ?*
  - ***MOTHER** : yes, doctor , but I want to know why this happen to my baby.?*
- ***DOCTOR** : (explain causes of down syndrome) I appreciate your feeling the exact cause no one know , But the risk will increase with age of mother or if you have baby before with down.*
  - ***MOTHER** : did you mean this my fault ?*
- ***DOCTOR** : no this not your fault , no body fault , it is genetic fault for non reason. Also young womens sometime having babies with down syndrome.*

- ***MOTHER :*** *so what will happen for Ali?*

- ***DOCTOR:*** *actually person who had down syndrome may face problems , do you have any idea what are these problems?*
  - ***MOTHER :*** *no.*
- ***DOCTOR :*** *(explain complications AND ass problems of down syndrome)*
  - ✓ *it may affect the heart , gut , respiratory.*
  - ✓ *Hearing problem , may affect organ in the neck called thyroid gland.*
  - ✓ *And may face some difficulties in school." Learning difficulties"*

  Doctor continue (reassure her) but without cardiac problem like your baby , no more medical intervention needed.
  - ***Mother : (common concern) you mean my baby will not go to normal school*** *?*
- *Doctor : (may going to normal school) ok , as you know down syndrome is the most common cause of learning difficulties but many patient with down syndrome will go to normal stream school . this is it varies according to the degree of learning disabilities some has mild and others have severe . Are you following me ?*
  - *Mother : (other concern) can he married and get normal babies ?*
- *Doctor : sorry to say that most male with down are infertile and most female are sub fertile .*
  - *Mother : (other concern) can I have another baby with down syndrome*
- *Doctor : yes there is achance to have another baby with down syndrome*
  - ***MOTHER :*** *yes. And ask how u can help my baby?*
- ***DOCTOR:*** *(explain management of down) down syndrome cannot be cured but treatment and support can help someone with Down's syndrome to lead an active life.*

- *A number of advice and support groups are available for people with Down's syndrome and their families and careers.*
- *we will arrange for ali to receive advice and follow up with multi displinary professionals i.e: doctor of heart and doctor of growth , doctor of gene occupational and speech therapist , and we will let him to join special school.*

Finalization: *when announcing 2 minutes left*

- *I feel sorry again miss Fatima and in* ***brief I will go through point which we discuss about down*** *, what is features of down syndrome and why it is occur and what are associated problems,*
- *and at the same time I will provide you written information, websites, and I will give contact number of down syndrome support groups*
- *and also I can offer you another meeting with my consultant. And also meeting other families with down syndrome.*
- *Have you any more questions.*
- *At the end thank mother and examiner.*

NAI

Scenario 2: *rebbeca page 216*

Corey is 5 weeks old , her mother waters . during a routine visit health visitor concern that corey had some bruising around his mouth , so he arranged to be brought to ER. The ER doctor has seen corey and is worried about non-accidental injury. He has asked you to take over corey's care.

TASK : EXPLAIN MANAGEMENT PLAN TO THE MOTHER WHO INSIST TO TAKE HER BABY HOME

Introduction:

- *Doctor : (introduce / to whom he talk) Hii good evening. Iam doctor Mohammed , ER registrar working in this hospital. I Believe I am talking to Mrs. Waters a mother of corey.*
    - *Mother : yes you are right doctor .*
- *Doctor : (ice break) I hope you are doing fine , I informed that he had stormy events during neonatal period , how is he doing now*
    - *Mother : he is fine.*
- *Doctor : (arrangement / attender) I would like to thank you for sparing time to sit with me. I had made arrangement so as no one will disturb us. Our staff nurse will be with us*
    - *Mother : thank you doctor. he is fine.*

Body:

- ***Doctor*** *: (previous knowledge of agenda) do you know why I had been asked by ER staff to meet you today ?*
    - ***Mother*** *: no , I have no idea.*

- ***Doctor: (explain agenda of meeting /knowledge of bruises*** *) I am going to tell you but before that I want from you to feel comfortable and ask any concern you have.*
  I have been to review your baby , Because when u brought your baby corey to emergency unit , and doctor there examined him thoroughly and during examination noticed that corey having bruises around his mouth , may I ask how he got the bruises ?
  - ***Mother****: simply he fall down.*
- ***Doctor:*** *ok mrs waters as you know corey health is our prirtory , so we are trying to find out the cause why this happen and to help u in his management.*
  - *Mother : I have no any idea what could be the cause .*
- *Doctor :* ***(explain cause behind you will not allow her to go home) actually this injuries displayed are not those usually seen in the circumstances described , b/c of that the advice of our hospital colleague is indicated to see what might be the true cause.***
  - *Mother : why u want to make thing big , I want to take treatment and go home. I trust on u why u involve others*
- *Doctor : I respect ur trust and I am feel sorry , but these all to help ur baby for better management of ur baby.*
  - *Mother : my baby was good only simple bruises only give me treatment and let me go home.*
- *Doctor : (explain immediate management)****but mrs waters I must follow my hospital protocol with regard to necessary investigations to exclude medical causes****. when we found like these un usual injury we must :*
  - ✓ *to do imaging of whole body(skeletal survey) to r/o any other fractures in the body ,*

- ✓ *and to do also blood test to exclude any other medical problem which can present like this.*
- ✓ *and also we will involve the doctor of eye(ophthalmologist) to r/o any problem in eye which may indicate accumulation of blood in brain of your child.*

- *Mother : ok dr , I respect u and ur hospital protocol , but I want to take my baby and I will bring tomorrow for more evaluation.*

- *Doctor : why ur in hurry to take ur baby , you can take ur baby but after further evaluation by my consultant and by test which I already mention, no harm to check ur baby health.*
  - *Mother : no , no , I am keen more than u to my baby. And tomorrow I will bring her.*
- *Doctor : I respect u and I am trust that u are more keen about ur daughter , but that all we are doing for safty of ur baby and further management of her.*
  - *Mother : do u think this child abuse ?*
- *Doctor : **at the moment I can't say this , but we must find out what has happened , to see if treatment is necessary.***
  - *Mother : but from conversation I feel u want to take my daughter from me.*
- *Doctor : **I would like to inform u that ur son health is our priority**, we don't want to take ur daughter from u , after evaluation we will let you to take your baby if possible.*
  - *Mother : but if I am insist to go what u will do ?*
- *Doctor : (lastly mention social worker)according to hospital protocol we will **involve social worker , to help u in management , because part of his job to ensure that home environment is safe for ur child.***

Finalization: *when announcing 2 minutes left*

- *At the end , I will again briefly tell u that we will further evaluate ur baby by imaging of the body and by doing some blood test and we will involve our consultant and social worker just to help us in further management.*
- *and also I can offer you another meeting with my consultant.*
- *Have you any other question?*
- *At the end thank mother and examiner.*

Misdiagnosis of meningococcal septicemia

Scenario 2: *rebeca page 182*

You are senior registrar working in busy hospital. Dr.Hassan SHO is ur junior colleague .

Dr. hassan is very distress and worried because discharge one pt. presented early in the duty with coryzal symptoms , temp. , and a blanching rash , he think it's viral infection , but unfortunately pt. came later in the shift in shock and diagnosed as meningococcal septicaemia.

TASK : TALK TO HIM ABOUT THIS EVENT , AND OVER GUIDANCE THAT YOU THINK IS APPROPRIATE.

Introduction:

- ***Doctor : Hii good afternoon. How are you dr. Hassan?***
- ***Dr. Hassan : I am fine***
- ***Doctor :(ice break1) can we get a cup of tea together ?***
- ***Dr.hassan : absolutely.***
- ***Doctor : (ice break 2) How are finding this job?***
- ***Dr.hassan : is not easy , it is hard job.***
- ***Doctor : Are there any areas you are finding particularly difficult?***
- ***Dr. Hassan : no.***

Body :

- ***Doctor : (clarify the role) Today I have made arrangement so as no one will disturb us , to discuss about one pt. came e coryzal symptoms , temp and blanching rash , you discharge him and later came in serious condition .*** *are you find it is helpful to discuss it ?*
- ***Dr.*** *Hassan : yes. absolutly. Actually doctor I am very worry about this*

- ***Doctor: (reassure and checking previous knowledge****): I want to reassure you that mistake can happen as we are human beign , I want from you to talk to me in confidence. Have you any idea about meningococcal septicaemia .*
- ***Hassan : yes , I know , it is serious bacterial disease , which can present with meningitis and shock*** *.*
- ***Doctor :*** *(explain meningococcal septicaemia) yes exactly you have a good background about meningocoacol septicaemia , but why you discharge pt. when present to you to ER.*
- *Hassan :* ***yes doctor , I am v. worry about that and also disappointed , how can I missed like this case .***
- *Doctor :* ***(reassure)I know you are work hard and no one in the department have any concern about your performance in work , but mistake can happen . and I want to reassure you that pt. is stable now in picu . I am not blaming you but the message is to learn from our mistakes . all we did mistake .***
- *Hassan : actually doctor pt. when came to me was stable , only* ***present e coryzal symptoms , temp and rash , I think it is viral infection and I discharge him .***
- *Doctor : well . you are right , pt. of meningococcal septicaemia may present stable initially but usually in like these case with high temp and blanching rash , we must have high suspicion* ***index of menigococal septicaemia , because children with meningococcal disease can deteriorate rapidly. better to over diagnosed than misdiagnose.***
- *Hassan : so what will happen for me now , I am very worried?*
- *Doctor : (reassure , explain 1st response) we have no doubt about your ability as peadiatrician , but also we have to report what happen and to include our consultant let us go together to meet him and I will help you , actually we want to support u and we will discuss this issue in the meeting.*
- *Hassan : if u want to support me why u want to disclose this event in the meeting , why u are not let this between us?*
- *Doctor : actually for care of the patient and for care of u , everything should be documented in the file. We are here looking for care of the pt so as to prevent these events from occurring in the future.*

- *Doctor : **We are human being and we can commit mistake , All of us learning from our mistake and best one is the one who correct himself as soon as detected his mistake , and never forget we are team working to fulfill hospital and departmental vision.***
- *Hassan : so what will be my situation , this will affect my career?*
- *Doctor : (advice for litigation point of view) yes , definitly if like these things happen again will affect ur career , and I will advice u to sit with medical protection society"MPS" and medical defense union"MDU" to offer u more help and they will explain ur situation from litigation point of view. and must check from insurance office if ur insurance valid or not.*
- *Hassan : so no problem will happen to me?*
- *Doctor : no , we can say this now unless after meeting with consultant who will decide about this. **Have you anthing to talk about ?***
- *Hassan : **no.***

Finalization: *when announcing 2 minutes left*

- *in **brief let us to go through point which we discussed today in this meeting , that** ……*
- *and also I can offer you another meeting with my consultant.*
- *Now can you tell what we discuss?*
- *Have any more question?*
- *At the end thank him and examiner.*

Improper colleague

Case 4: MB page 134 *: mathew is 4th yr specialist registrar , refuse to work shift he has allocated on new year's Eve.*

Task : please take to Mathew , and discuss any further concerns he may have

3. *introduction (Rapport)*

- *Doctor : Hii , good afternoon , dr.mathew , I am dr. mohammed , I think you know me .*
  - *Mathew : how are you doctor mohammed.*
- *Doctor : How you find return to work on department ?*
  - *Mathew : good doctor.*
- *Doctor : how you are coping ? Are there any areas you are finding in particularly difficult?*
  - *Mathew : well , It's fine , but sometimes rota in not good .*

4. *body :*
   - *Doctor : (check previous knowledge) ok , this good , do you have an idea why I asked to talk to you today ?*
     - *Mathew : no.*
   - *Doctor : (clarify the agenda of meeting) ok , dr. Mathew , it brought to my attention that you refusing to work shift he has been allocated on eid . rota am I right ?*
     - *Mathew : yes doctor , it's unfair to work eid shift .*
   - *Doctor : (1st response - be clear)well , dr. Mathew , I appreciate this and sometime we are facing difficult time in the work but Mathew we must do our work , realy when you say won't work your allocated shift , I feel stressed & frustrated , Because it seems unfair for everyone else who has to cover you , Do you think that what I'm saying is fair ?*
     - *Mathew : yes doctor you are right , but I have my own life and family*
   - *Doctor : (offer helping) well , I appreciate this but can you tell me how can I help you ?*
     - *Mathew : why not covered by others?*
   - *Doctor : (explain why other not cover) yes , but you know this your turn to do eid rota , it seems also unfair for others to do eid rota .*
     - *Mathew : I am not caring of rota , I will not do eid rota*
   - *Doctor : (3rd response- be restrict and serious) sorry dr. Mathew according to our rules and protocol I am afraid that if you are not doing your duty in allocated rota , this will be your own responsibility.*

- *Mathew : sorry dr. I couldn't come to do this*

- *Doctor : (encourage him – try to find the problem) well dr. Mathew , you are good doctor , what happen , may I know the reason behind that , any problem at work or at home that make you not participate in rota ?*
  - *Mathew : no nothing in particular only I want to stay with my family in eid .*
- *Doctor : I appreciate this , but what about the others you think they have no family ?*
  - *Mathew : I know they having families dr. try to solve it dr.*
- *Doctor : (4th response) the others having families and they want to spend time with their families during eid , in addition it 's not their turn to do eid duties.only to refuse is not a solution should seek a solution*
  - *Mathew : so what will happen for me if not come ?*
- *Doctor : (last response if insist refusing) I hope this will not occur , because if this the case we will raise this issue to our consultant .*
  because it seem unfair to others also and it seem to be not working as team and this will compromised our patient care and you know patient care and health is our pririotry .
  - *Mathew : if u want help me doctor , try to find a solution for my problem.*

- *Doctor : (suggest a solution) as I indicated early we are here **work as one team** , so for your safety and patient safety , I suggest to talk to your colleague about this , this more wise than not to come to the duty . if possible they can help you.*
  - *mathew : I know them they will refuse .*
- *Doctor : why you think , they will refuse , if they they can help you they will do , we are working as a team. we need to try .*

  - *Mathew : I will try .*
- *Doctor : (other suggestion of solution) we will discuss this with the consultant also trying , if possible to find someone to cover you for some hours , to spend it with your family.*
  - *Mathew : yes dr. please.*
- *Doctor : yes we see if possible , and also you can spend the remaining of the day with your family*
  - *Mathew : but it will be difficult to me , after duty I will be tiered.*
- *Doctor : and also you know that , next eid you will not be in the rota , you know in our work not all the time relaxing . I hope that I help you regarding this issue .*
-

Finalization: when announcing 2 minutes left

- *Now we can back briefly through point which we discussed, I sit with you today because your college concern that you refusing to do your shift in eid rota , and I explained this also seem to be unfair for others as well , and I suggest solution for that by discussing and sharing our difficulties as we are team work , is not it ?*
- *Again I reassure you that I am here to help you , if you need to meet me again either at work or outside work , I will be glad.*
- *Have any more question?*
- *At the end thank him and examiner.*

Improper Colleague

5. *Rapport :*
   - *I was wondering whether we could get a cup of tea to talk?*
   - *How are finding this job?*
   - *Are there any areas you are finding particularly difficult?*
6. *Clarify agenda of meeting :*
   - *Do you have time to discuss some issues concerning your management in the unit. Or*
   - *Something that I have notice which is concering me is …..*
7. *Be clear about the difficulty :*

I feel stressed & frustrated , when you :

- *don't complete the discharge summaries., or*
- *don't come and help out , because it seems as though we are not working well as a team. Or*
- *say you won't work your allocated shift , because it seems unfair for everyone else who has to cover for you*

8. *Do you think that what I'm saying is fair ?*
9. *What is reason of the defect :*

- *May I Know the reason behind this? Or*
- *I don't understand why you are doing this , could you explain to me?*

10. *Suggestion of solution :*

- *Is there any way we could help you to get rid of it , or*
- *Is there any way that we could you to be able to ……(e.g: work share of the rota?)*
- *Do you think it would be helpful if I …..so that you be able to ….*

Improper Senior Colleague

1/ I was wondering whether we could get a cup of tea to talk?

2/ I feel things seems to be uncomfortable between us & I don't know why?

3/ BE HONEST to say : I find it quite difficult to work alongside you at present.

4/ I have upset by some of actions at work (eg : changing my orders).

5/ have you any problem at home or at work ?

6/ I'm wondering is there any things I did which may upset you?(don't be Defensive)

7/ If no willing to discuss the issue → say : ok , I think I should leave things alone for now . & I suggest to speak to my supervisor or Senior Colleague & thank you for your time.

CONSENT

Scenario 8 : mb 136

Task : obtain consent Insertion of Intercostal drain in neonate with spont. Pneumothorax and respiratory distress.

Introduction

- *Doctor : (introduction) Hello good morning. I am doctor Mohammed , neonatal registrar , one of the team who looking for your baby a hmed . I Believe I am talking to Mrs sara a mother of ahmed .*
  - *Mother : yes doctor.*
- *Doctor : (ice break) welcome and nice to meet you today . and congratulation for your new baby.*
  - *Mother : nice to meet you too.*
- *Doctor : (clarify agenda) I am here today to discuss about procedure , we will going to do for your baby a hmed .and taking consent from you. Is it suitable time for you ?*
  - *Mother : yes doctor , any wrong with him .*
- *Doctor : (arrangement and attendant) I had made arrangement so as no one will disturb us. Please tell me if you want anyone to attend this meeting*

- *Mother : thank you doctor .*

Body :

- *Doctor : (check previous knowledge) what they told you so far about your baby ahmed ?*
  - *Mother : not know a lot they told they want to insert a needle tube in his chest because he has air in his chest , I want to know more about this .*
- *Doctor :(explain anatomy of lungs - drawing) I will explain to you feel free to stop me and ask me any question.*
  Let me draw for you this the chest wall consist of sticky like bone and inside the chest wall there is air bags called the "lungs" which surrounded by two membranes called " pleura " and there is space between these two membrane called " pleural space " . this space normally contain small amount of fluid . but sometimes abnormally air , fluid and blood can accumulate and causing respiratory compromise . Am I clear so far ?
  - *Mother : yes doctor. What is chest tube ?*
- *Doctor : (explain what is the chest tube and it's indication) in case of your baby there is accumulation of air in pleural space which called " pneumothorax " . for this we need to insert chest drain which It is flexible plastic tube that is inserted through the chest wall till reach pleural space – to evacuate this air . am I clear so far?*
  - *Mother : how this tube inserted*
- *Doctor : (explain the insertion of tube by drawing) first of all we will clean lateral side of the chest and injected medicine which make him not feeling pain , then small hole is made in the skin , and the drain tube is inserted between the sticky bony parts of chest called " ribs" , till we reach the pleural space . to prevent the tube from falling out we will fix it by stitch tube to the skin , and then dressing will be placed over the entry side. The other end of the tube will connect to collecting bottle.*
  - *Mother : oohh dr. I am afraid this will be painfull.*
- *Doctor : (reassure) I appreciate your feeling , I want to reassure you that we will give local anesthesia before procedure*
  - *Mother : no any risk for this procedure ?*
- *Doctor : **(explain Risks of chest drain and measures to minimize each)** I will be honest with you . as you know any invasive procedure carry risks , but with some measures we can minimize these risks , in case of chest drain insertion :*
  - ✓ *Risk of bugs invasion "infection" which can be minimize by clean area before insertion and following anti septic measures by wearing mask , gown and gloves. " do it under complete a septic condition."*
  - ✓ *Risk of bleeding due to injury to blood tubes of chest which can be avoided by expert doctor will insert it and also by checking blood level before procedure.*
  - ✓ *Risk of poor placement , either inserted too far which may lead to injury of internal structures like heart and lung , or inserted not far enough in the chest*

leading to tube fall out and this also can be avoided by expert doctor in insertion of tube . and also chest x-ray will be done to check it's right place .am I clear so far ?

- *Mother : yes doctor , no alternative to this procedure ?*

- *Doctor : (no alternative) actually no alternative for this procedure , I want to reassure you that it's almost save procedure under skill full hand , and also it's an emergency procedure because if not done may affect expansion of lung , have you any more concern*
  - *Mother : no thank you doctor*
- *Doctor : (ask for consent) so now can you sign the consent for procedure*
  - *Mother : no doctor I am still not comfortable , can I ask his father .*
- *Doctor : (refer to senior) yes your right to contact your husband , but as soon as possible because this an emergency procedure as I indicated early and if we act quickly the outcome will be better , and also soon my consultant and doctor of chest will come and I will arrange meeting with him.*
  - *Mother : ok , thank you doctor .*

Finalization :

- *Now let us going through the points which we discussed in brief ,*
  Actually your baby ahmed have condition called pneumothorax which may cause some problem to him if not managed , for this need to insert chest tube to evacuate this air from his chest ,this is operation with minimal side effect when done under skillful hand.
- *and I will provide you written information sheet , leaflet, and websites for further information*
- *and also I can arrange now a meeting with my consultant before procedure.*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Drug errors

Paracetamol over dose

Case 3 : critical incident – Rebecca page 146.

Jessica is 2 yrs old , received high dose of paracetamol due to wrong calculation by the nurse i.e instead of multiply 15 mg/kg , multiply 15mg/pounds.

Task : talk to mother of Jessica and explain that there is drug error , how it occurred , and what your management will be now.

Introduction :

- *Doctor : (introduction) Hii good afternoon. I am doctor Mohammed , peadtric registrar.I Believe you are Miss bartley a mother of jessica .*
  - *Mother :*
- *Doctor : (ice break) Welcome, And I would like to thank you for sparing time to sit with me today.*
  - *Mother :*
- *Doctor (agenda) I am here today to talk to you about Jessica condition.*
  - *Mother :*
- *Doctor : (attender arrangement) With us today a nurse who has been involved in Jessica care. And if you want anyone else to attend this meeting , please tell me.I had made arrangement , so as no one will disturb us.*
  - *Mother :*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: (check previous knowledge) how is jessica today?*
  - *Mother: she is ok.*
- *Doctor: (check previous knowledge)have you informed what happened to your baby jessica yesterday?*
  - *Mother: no , anything new happened?*
- *Doctor: (clarify the role of meeting – tell the incident)actually , I am here today to tell you that , by mistake , Jessica had been giving high dose of paracetamol .*
  - *Mother: by mistake!!!!! How it was occurred?*
- *Doctor: (show empathy and 1st apologize) I appreciate this is difficult time for you , and* ***on behalf of staff taking care of your baby , I apologize for that mistake happen .***
  - *Mother : ooh my god , how it occurred ?*
- *Doctor : (explain how it is occurred – reassure)The thing is that , last night jessica given high dose paractamol , because of wrong calculation instead of gave her the dose multiply in kg body weight , gave it multiply by bound body weight. But I want to reassure*

you that although this is high dose not expected to reach level in blood that cause harm to your baby.

- *Mother: oohh , doctor this is very serious. You know my baby suffering only from high body temp and simple wheeze , now u and your staff complicate the things , how this mistake happen in your department ??!!! my baby is not safe to stay here more.*

- *Doctor: (what action done for her) I realize this is difficult time for you , **we have system but you know a mistake sometime can happen** , but good thing is that we assessed Jessica V/S and she remains stable , and we send blood sample to :*
    - *check the level of drug " better to check it at 4 hours of ingestion and so after " ,*
    - *and function of her liver and kidney ,*
    - *and level of RBS, and everything ok , and no any harmful effect occur or excpected to occur.*
- *Mother: what are these un wanted effects of the drug ?*

- *Doctor: (explain side effects of drug) this drug if it's level is very high in blood and discover late may affect the liver , kidney , but fortunately we discovered ur baby immediately after received high dose and send blood sample , and found that paracetamol is less than harmful level , so no intervention done , according to advice of my consultant .*
- *Mother: really I am very disappointed. Doctor I want to know the name of sister who did this mistake?*

- *Doctor: (documentation and not disclosure information) **actually this not fault of one person , it's a failure of system** , and in addition I am not in position to tell you the name, but everything is documented in the file , and critical incident form filled , in addition senior nursing staff and consultant responsible for jessica were informed.*
- *Mother: if you are doing such big mistake , this thing can happen to my baby again and other children also , how this happened?*

- *Doctor: (prevention from occurring in the future) actually this happened because of wrong calculation. And in the future we will try not to occur to your baby and other baby by **DOUBLE CHECKING** of the drug doses before giving to pt.*
- *Mother: if anything happen to my baby, I will complain against all of you.*

- *Doctor: (try to convence her not to complain) it is your right to complain but as I told you , your baby jessica is now stable , and as I mention arrangement done so as to prevent this from occurring in the future.*
- *Mother: ok doctor , my final decision is to complain*

- *Doctor: (if insist explain her how she can complain) ok , you can write down your concerns , if you feel this is more appropriate and I will offer you contact details of **patient advise and liaison service (PALS).** Have u any q. ?*
- *Mother : what is treatment if baby ingested harmful dose ?*

- *Doctor : treatment is with drugs called n-acetylcysteine which more effective if given within 8 hours of ingestion.*

Finalization: *when announcing 2 minutes left*

- *So , miss bartely , **again I apologize** for what had been happen to your baby Jessica who received high dose of paracetamol , but now she is stable and we will follow for any complications that may occur later on. And we made a new arrangement in our hospital so as to prevent like these incident from occurring in the future.*
- *and I will provide you leaflet and websites for more information.*
- *and also I can offer you another meeting with my consultant and senior nursing staff.*
- *Have you any more questions?*
- *At the end thank mother and examiner.*

Ethical delima

Case 3 : rebeca page 160 – teenager refuse to receive anti dote .

TASK : talk to Fatima 14 yrs of age (refusing treatment following paracetamol overdose which it's blood levels are v.high) and discuss the need for treatment and what outcome if not receive treatment

Introduction:

- *Doctor : (introduction) Hii good morning.*
- *I am doctor Mohammed , pediatric registrar , working in this hospital.*
- *you must be Fatima , right ?*
- *Doctor : (ice break) How do you do ? how you find the way to our hospital ?*
- *Doctor : (agenda of meeting) I am here today to talk to you about important issues regarding your health as I know you are refusing to take important drug . I made arrangement so as no one will disturb us.*

Body :

- *Doctor : (check previous knowledge) why u kept silent , we all here to help you . so please can you tell me what they told you so far about your condition ?*
- *Fatima : no one told me anything.*
- *Doctor : (support - explain the reason of meeting) I want to make clear from beginning , I am here mainly to help you , and we will do what is best interest for you , so you can feel free and ask me anything not clear , and be sure anything you will going to tell me will be secret between me and you .actually they asked me to talk to you because you took high dose of drug called paracetamol as you have conflict with your boy friend , isn't it ?? , and staff working here advice you to receive drug working against paracetamol , am I right ?*
- *Fatima : yes doctor (she is depressed and not looking to doctor playing with her mobile)*
- *Doctor : (let her give u her attention) please Fatima can you put your mobile for some time I will have serious talk regarding your health .*
  *You know that test of your blood show that dangerous level of paracetamol in your blood , you know what this mean ??? if not treated it can affect your health in particular may damage your liver and can be life threatening . but **I want reassure** if we start as soon as possible treatment acting against paracetamol so we minimize damage of liver.*
  - *Fatima : no , I don't want to take this drug . I am feeling well and I want to go home.*
- *Doctor : (1st response to covence her)*

I know a smart girl like u , u want to enjoy your life , your parent love you and waiting for you . she want to have friends , she want to go in and out , is this n't ? by refusing taking this drug you may lose your life .

actually opinion of the medical staff caring for you is that the best thing for you to start treatment as soon as possible . am I clear till this point ?

- *Fatima : I know this but also I want to go home.*

- *Doctor : (last response to convenes) we need to do what we believe it's best interest for you , although we need you to accept that but at your age* ***legally you cannot refuse treatment because it will causes you harm . and your parents informed and they are in the way to hospital.***
  - *Fatima :* ***really , I am depressed doctor.***
- *Doctor : (try to find solution for the problem) I appreciate your feeling Tell me how can I help you … are you frightened of something in particular ? I mean*
  - *Fatima : how drug can be given ?*
- *Doctor : this drug will be given through blood tube .*
  - *Fatima : (1st concern) no doctor , I have needle phobia*
- *Doctor : (solution for 1st concern) I want to reassure u that we will apply cream which minimize the pain and needle will be inserted by experience sister.*
- *Fatima : (2nd concern) I worried when my parents know .*
- *Doctor : (reassure) I want to reassure you that your parents already informed and worry about your health , and they are in the way to hospital.*
- *Fatima : ok doctor , give me chance to think.*
- *Doctor : also I can give you chance to discuss with your parent and also we will take help of doctor of mental health …but I am waiting for your quick response because time is crucial we need to start treatment as soon as possible. As well as we can seek advice from GMC , medical protection society.*
- *Doctor : I hope after this little conversation to proceed not to lose time.*

Finalization :

- *Let us in brief going through points which we discussed*
- *I will arrange meeting with my consultant , doctor of mental health , for more discussion .*
- *I can offer for you websites , and leaflet to know more about your condition.*
- *Any more questions. Thank you.*

Critical incident -Angry Mother

Scenario 11 :(mb 137) 2nd swab +ve MRSA.(after 1st result -ve)

Task : talk to angery Mother angry about the result of her premature baby who has skin swab come back MRSA +ve (before was –ve result).

INTRODUCTION :

- ***DOCTOR** : (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed neonatal registrar working in this hospital , I believe I am talking to mrs Fatima mother of ahmed.*
  - ***MOTHER** : yes I am the one*
- ***DOCTOR** : (ice break) first off all congratulation for birth of your baby ahmed , thank u for your coming today , and nice to meet you today.*
  - *Mother : thank you , nice to meet you too.*
- ***DOCTOR** : (agenda of meeting) I am here today to talk to you about issue regarding health of your baby , is it suitable time for you?*
  - ***MOTHER** : yes doctor.*
- *Doctor : (arrangement and attender) I had made arrange this meeting that nobody will interrupt us. If you want anybody else to attend with you its well come.*
  - ***MOTHER** : no thank you.*

Body :

- *Doctor : (check previous knowledge of baby) how is your baby , and what you know so far regarding his health?*
  - *Mother : he is ok. But doctor Why they keep him away from the others , this mak me worry.*
- *Doctor : (clarify agenda of meeting) that is why I want to meet you today because result of skin swab of your baby came positive for bug called " MRSA" …..*
  - *Mother : ooh doctor , ooh my little baby , is he sick ?*
- *Doctor : (check previous knowledge @MRSA) I appreciate your feeling ,want you to calm down as your baby is ok and stable now , and in the coming few mints I will explain to you what is MRSA , and how we will manage it , but first tell me did you heard about MRSA before ?*
  - *Mother : I know it's superbugs and I heard it's dangerous .*

- *Doctor : (explain what is MRSA) MRSA IS abbreviation for methilline resistance staphy auerus which it is bugs lives on the skin without causing symptoms, But if reside for long time in the skin under certain condition it can cause severe type of infections.*
    - *Mother : why doing this test for him as you said he is ok ?*
- *Doctor : (explain reason of swab/Reassure her) we are following our hospital protocol which did this test as a part of routine check to all babies especially small babies . we took skin sample of your baby ahmed first result was –ve but second one came +ve.*
    - *Mother : but doctor result of skin sample was –ve , from where my baby get this bugs?*
- *Doctor : (explain methods of transmission) it is common transmitted by health care provider or any person in contact or handling the baby because normally spread by touch*
    - *Mother : what you said , this is v. serious how can get infection from hospital*
- *Doctor : (apologize) I appreciate your feeling , and I apologize on behalf of my staff , of what had been happened.*
    - *Mother : no doctor , this not acceptable , I want the name of sister taking care of him , I will complain her .*
- *Doctor : (not give name) I appreciate your feeling , actually this not a mistake of someone , it's system failure , and I am not in position of giving name , but everything is documented in the file .*
    - *Mother : I am not trust in this hospital , now what you will do for him ?*
- *Doctor : (explain plan of management) I want to reassure you that no signs of infection in your baby needing treatment as protocol in our hospital as your baby is OK. no need for ttt now, but need :*
        - *Need observation for any sign of infection like chest and skin.*
        - *Erdaction of this bugs by body wash called " cholorohexidine"and apply nasal cream " bactropan " for 5days , as decided by deparment of bugs control which called " infection control department".*
        - *Also Baby after 2days of stopping erdaction treatment needs F/UP by serial skin swabs to ensure that is clear from this bug. (if 3 skin swab came (–ve) this means your baby is clear .*
    - *Mother : I want to complain doctor*
- *Doctor : your right to complain , you can write your concern down and I will give you contact numbers of PALS.*
    - *Mother : but doctor this is not safety hospital , may again will get infection ?*
- *Doctor : (explain measures of prevention of spread of infection) actually we have system to minimize spread of infection , but as you know sometime mistake can happen , now we try our best so as to prevent this from recur in the future by :*
        - *We will Isolate your baby .*
        - *Strict Hand Washing to protect the others.*
        - *Contact precauations by n't share Pt. items Using gloves , aprons*

Finalization :

- *I apologize again for what had been occur for your baby . Now in brief let us to go through important points which we discuss about MRSA …….*
- *I will provide you with leaflet and web site to know more about MRSA .*
- *I will inform my consultant & obstetric team about her concern. and we will keep you updated about the progress of her condition.*
- *Check her understanding*
- *Have you any more concern.*
- *Thank you*

BREAK BAD NEWS

Case 14: ambiquous genitalia-MB 138

Task : talk to parents of achild found to have ambiguous genitalia

Introduction :

- *Doctor : (introduction / to whom u talk) hii good night .i am doctor mohammed one of neonatology registrar , I believe I am talking to mrs Fatima .*
    - *Mother : yes doctor , you are right*
- *Doctor : (ice break) first of all Congratulation for your new baby. Nice to meet you today and I hope you are feeling well today.*
    - *Mother : yes , nice to meet you too doctor .*
- *Doctor : (agenda of meeting) actually today I want to talk to you about issue regarding your baby . is it suitable time for you .*
    - *Mother : no problem doctor .*
- *Doctor : (arrangement and attender) I made arrangement so as no one will disturb us , and if you want anyone to attend with us , it's welcome . and sister taking care of your baby soon will be with us.*
    - *Mother : no doctor thank you.*

Body :

- *doctor : (check previous knowledge) could I know what they told you so far about your baby ?*
    - *Mother : no one told me anything . why doctor anything wrong with my baby.*
- *Doctor : (clarify agenda) actually during routine examination of your baby genitalia , we found that difficult to identify sex of your baby exactly …. Pause.*
    - *Mother : what doctor , what I am hearing is correct ? tell me what you mean by that doctor .?*
- *Doctor : (sympathy , not assign gender) I know it is difficult time for you and I appreciate your feeling , but I want to reassure you that your baby is stable and feeding well , when we found difficult to tell sex of the baby , this called " ambiguous genitalia " , did you heard before about this ?*
    - *Mother : no doctor first time , but what will happen for my baby now ?*
- *Doctor : yes mrs fatima , ambiguous genitalia some things of concern and need more focus.*
    - *Mother : what you mean doctor , I am really feel worry about my baby , tell me doctor how can determine the sex of baby ?*
- *Doctor : (explain investigations and test determine sex) yes , I appreciate your feeling and worries , actually to determine the sex of your baby we need to do the following test :*

- ✓ *to determine what is the genetic makeup of the baby which called " karyotyping " , which either labling as "x x " for female and " x y " for male gender .*
- ✓ *And need to do blood test and scan of tummy of your baby to look for internal organs whether contain male or female organs. Am I clear so far?*

- *Mother : yes doctor , can I give name and make birth certificate for my baby?*

- *Doctor : (no birth certificate or name) no , better not register birth certificate and not give name for your baby till all these test to assign gender release.*
  - *Mother : this very difficult really , so now how you can help me*
- *Doctor : (reassure and explain management) I appreciate your feeling mrs Fatima and I want to reassure you that We are all here for best interest of your baby and for your helping so we will keep you updated by result of these test once it release. After release of test we will arrange meeting which will be attended by very expert doctors in managing like this case (doctor of neonate "neonatologist " , doctor of gene "genetics' " , doctor of growth "endocrinologist" , doctor of genitalia " , pedia surgeon, and social service) , for better management of your baby .*
  - *Mother : can I take my baby home.*
- *Doctor : (Explain the need for hospitalization) we can't send him home right now , but later if everything is ok you can take your baby home , your baby will be in hospital for Carrying out the some tests like :*
  - ✓ *Monitoring blood sugar level because in some causes of like this condition sugar level will be low and carry risk to the child.*
  - ✓ *Monitor blood pressure and salts level in the blood which also can be affected.*
  - ✓ *Check function of kidney .*
  - ✓ *Exclude serious disease may cause this condition .*
  - *Mother : like what doctor , what serious disease cause ambiguous genitalia ?*
- *Doctor (explain cause of ambiguous genitalia) one of the common cause of ambiguous genitalia is what is called " congenital adrenal hyperplasia ". do you heard before about this condition ?*
  - *Mother : no first time to heard about .*
- *Doctor : (explain congenital adrenal hyperplasia) it is problem in abdominal organ just above the kidneys called " adrenal gland " due to deficient of some substance called "enzyme " causing condition known as (adrenal hyperplasia) which have serious consequences if not detected and treated early.*
- *Doctor : do you have any more concern*
  - *Mother : no doctor , thank you*

Finalization :

- *In brief now we can go through point which we discuss today , during routine check of your baby we found difficulty to determine sex of your baby and if after 24 hrs we couldn't determine sex of your baby we go through some tests to determine sex and during this time better not to make birth certificate or given name , and we explained also the importance of admission in hospital for close montoring . and by the end we know brief about congital .adrenal hyperplasia which is common cause of ambiguous genitalia .*
- *We will take input from many professional included neonatologist, endocrinologist, geneticst and psychiatrist or social worker.*
- *Arrange another meeting with my consultant in charge.*
- *I will also offer written information and trusted websites.*
- *Provide telephone for more concern.*
- *Thanks them for coming and meat u again and hope all things will be alright.*

EDUCATION

Scenario 3 (epipen): Rebecca page 184-185.

Ahmed is 6th yrs medical student interested in pediatrics and neonatology , today joined your department . she want to know about epipen.

TASK : EXPLAIN TO AHMED WHAT IS AN EPIPEN AND HOW YOU WOULD EXPLAIN TO PARENT HOW TO ADMINSTER IT.

Introduction:

- *Hii good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *Doctor (introduce yourself) You know I am doctor Mohammed , neonatal registrar .*
- *I believe u are ahmed 6th year medical student who join our department recently. Am I right ?*
  - *Ahmed : yes doctor.*
- *(Motivation) I am happy to sit with enthustic and keen medical student like u. whose interested in pediatric . realy you are promising doctor.*
- *(welcoming) welcome , and I hope you will enjoy working in our department.*

Body:

- ***DOCTOR*** *:(**clarify the agenda**) as I know today you want to sit with me because you want to know usage of epipen?*
- ***AHMED :*** *yes doctor , one pt. 3 year having peanut allergy , and prescribe for her epipen ,I want to know more about it.*

- ***DOCTOR :*** *(**check previous knowledge**) have you ever heard about epipen ?*
- ***AHMED*** *: yes I heard it used in allergy but I want from you to explain in more details.*
- ***DOCTOR*** *: (**explain what is epipen**) Please ahmed feel free and stop me If anything not clear .*
  ok , an epipen is prefilled syringe containing adrenaline which is life saving drug , we use adrenaline when child or adult suffering from anaphylactic , did u know what we mean by anaphylactic?

- ***AHMED*** *: I had only little idea , I want more detail.*
- ***DOCTOR :*** *(explain anaphylaxis) ok , anaphylaxis is abnormal reaction to a particular substance (e.g : peanut ,) which causes histamine to be released from the tissues . leading to either a local or widespread reaction. There are three types of reactions , did u have an idea what they are?*
- ***AHMED :*** *no*
- *Doctor : (types of anaphylaxis) either mild , moderate , and severe :*
  - *Mild reaction with swelling of lips and itching which in most cases not require medical treatment.*
  - *Moderate reaction with more swelling of lips and mild difficult breathing which need medical treatment like" antihistamine ".*
  - *if severe can lead to shock and need urgent adrenaline which is given in form of epipen at home .*

  ARE U FOLLOWING ME ? *can u repeat for what we discussed so far .?*
- ***AHMED :*** *repeat what doctor said , but doctor can you show me how can I used this pen?*

- ***DOCTOR :*** *(steps of use epipen) definitely I will show you how we use this epipen :*
    - *First of all call for help.*
    - *Then remove the safety cap "blue cap" and place the tip of epipen on outer part of the thigh. holding the pen on right angle. And can be given over closes if urgent.*
    - *Hold the pen firmly , it automatically gives the correct dose of drug.*
    - *Hold for 10 seconds and remove the pen from the thigh , and then do message for 5 seconds*
    - *To check drug injected or not , look to transperant area on the middle of pen , if turn red this means drug injected .*
    - *if help is nearby it's ok , if far you can rush to nearby hospital. because epinephrine is short action , mean after only 15 mint can*

      Now can u tell me what we discussed so far ?
- ***AHMED :*** *repeat what doctor said. what advice to parents?*
- ***DOCTOR :*** *(explain the advice to parents) you must remind parents :*
    - *to get replacement epipen once they have used one.*
    - *And also there must be one pen at school and one during the journey.*
    - *Pt. must wear bracelet.*

Finalization: *when announcing 2 minutes left*

- *Now in brief let us to go through point discussed about epipen , that is ……..*

- *You must refer parents to **allergy nurse** to teach you more about usage of pen. And to **dietien** to give an idea about which type of food contain peanut to avoid.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites ,*
- *and if u have still quires we will discuss more in next meeting and I can provide meeting with life support team .*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

DIFFICULT CONVERSATION

Scenario hypoplastic left heart syndrome – rebeca page 218:

Task : Talk to an upset nurse about parents decision not to resuscitate their baby.

Introduction:

- *Hello good afternoon.*
- *I am doctor Mohammed , neonatal registrar . one of the team taking care for sarah .*
- *I believe I am talking to mr ahmed a father of sarah .*
- *(ice break) 1st I congratulate on delivery of sarah. and thank u for sparing time and sit with me today. How is sarah today ?*
  - *Nurse : she is doing well.*
- *I had made arrangement so as no one will disturb us. If you want anyone to attend with us it's welcome. And sister who's taking care of sarah will join us soon.*
  - *Nurse : thank you.*

Body:

- *Doctor : (clarify agenda of meeting) I am here today to discuss and update you with sarah condition , regarding jelly scan done for her yesterday , they told you anything ? .*
- *Ahmed : ?*
- ***DOCTOR :*** *(check previous knowledge)you did not heared before about pvl* ***?***
- ***AHMED : NO DOCTOR.***

  DOCTOR*: (explain what) OK , feel free to stop me and ask me any question if any point not clear for you.*

- ***AHMED :*** *no. but I want to know why my baby getting this problem ?*
- ***DOCTOR :*** *(explain causes / pathophsiology of PVL) I know this difficult time for u , but let me explain it , developing brain of baby needs a good supply of nutrients, blood and oxygen. If the blood supply to an area of the brain is stopped or reduces, this causes tissue damage. We do not know what exactly causes this reduced blood flow but it seems to be more common if a baby has already had a bleed in the brain (intraventricular haemorrhage).*
- *And It is also more common in babies born prematurely or with very low birth weight , As your baby .*

  Doctor asking ahmed are u following me
- *ahmed : yes*

- *Doctor : so can you repeat this for me?*
- ***AHMED** : Is my baby will become handicap in the future?*
- ***DOCTOR :** (explain outcome of PVL) I appreciate your feeling , **as the white matter is responsible for transmitting messages from nerve cells in the brain so damage to the white matter can cause problems with movement and other body functions like vision , hearing .***
- *But No one will predict what will happen in the future because this depends on the amount of brain tissue damaged – some children will have minimal problems but others may have severe disabilities.*
- *But any how this disease is static which mean will not become worse while baby growing.*
- ***AHMED :** but my baby moving normal , I am not notice any change ?*
- ***DOCTOR :** yes your baby now is ok , these abnormalities It is not usually obvious at birth but occur later at around 1-2 yrs of age . for this we will follow her in clinic and we will discovered any problem early.*

- ***FATHER :** doctor are you sure of this diagnosis , or you are going to do more test to confirm the diagnosis ?*
- ***DOCTOR :** (explain diagnosis of PVL)*
    - *Periventricular leukomalacia tends to be suspected in babies born prematurely or at low birthweight, so they may be checked soon after birth before any symptoms start to show.*
    - *They may have a cranial ultrasound scan .*
    - *Another imaging scan that might be suggested is an MRI scan – this shows the characteristic appearance of the condition.*
- *FATHER : what is your plan of management ?*
- *Doctor : (explain management of PVL) I am sorry to tell you that , Periventricular leukomalacia itself cannot be treated but much can be done to help improve the symptoms. Depending on the degree to which a child is affected, we can involve many professional in her management like physiotherapy , occupational therapy , vision and hearing support as well as Speech and language support .*
- *Are you following me , can you repeat up to this point .*
- *Father : yes , repeat what doctor tell .*
- *Doctor : have you any question or concern ?*

Finalization: *when announcing 2 minutes left*

- *Really this is difficult time for u , Now let us to go in brief through the points which we discuss that your baby sarah having …….*
- *and I will provide you written information, websites , and if u want to meet my consultant.*

- *At present sarah is stable , we hope that small area of sarah brain affected , but need monitoring for long period of time , and we will keep you fully updated .*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank ahmed and examiner.*

Parents Decision of Resuscitation

Hypoplastic left heart syndrome

Body :

- ***Check P. knowledge of the nurse (What is your concern ? & what she knows about the hypoplastic lt. heart syndrome).***
- ***Explain the Disease (Hypo-plastic Lt. Heart) with Diagram : it is spectrum of disorders where the aortic and mitral valve and left ventricle are too small and underdevelop to maintain systemic out put***
- ***Ask her what are options of ttt. She knows?***
- ***treatment options are : Complicated S. operation or Heart Transplantation with significant risk of morbidty and mortality.***
- ***but Even after operation he would not have " normal heart " and he need many years of surgical and medical intervention (prolonged F/Up & managements.).***
- ***Parents are fully informed about the Disease. To make the Decision. (we must respect their decision even we not agree with).***

Finalization :

- *summary*
- ***Give Leaflet & Web sites for more information.***
- *Arrange another meeting.*

CONSENT

Scenario 3 : Diagnosis And Management Of Pyloric Stenosis (Rebeca 137)

Mr and Mrs Lucas parents of 15 weeks old Ethan . Ethan diagnosed as pyloric stenosis.

TASK: please inform Mr and Mrs Lucas of the diagnosis of pyloric stenosis and the expected management with view to obtaining consent.

Introduction:

- *Doctor : (introduction) Hello good morning. I am doctor Mohammed , pediatric registrar , one of the team who looking for your baby Ethan . I Believe you are Mrs lucas a mother of Ethan .*
  - *Mother : yes I am the one*
- *Doctor : (ice break) nice to meet you today*
  - *Mother : nice to meet you too.*
- *Doctor : (agenda)I am here today to explain locus condition and procedure plan for him and at the end I wish you sign consent for surgical operation .*
  - *Mother : but doctor I am worry*
- *Doctor : (arrangement and attender) I appreciate your feeling and today I am going to answer your concern , for this I made arrangement so as no one will disturb us. Please tell me if you want anyone to attend this meeting*
  - *Mother : no thank you.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: how is Ethan condition today?*
  - *Mother: he is not good doctor , he is vomit everything he drink..*
- *Doctor: (clarify the role) no one inform anything about his condition ?*
  - *Mother: they inform me my baby have pyloric stenosis , I want to know what is pyloric stenosis?*
- *Doctor : (explain by drawing diagram) let me first to draw to you , this stomach and this small gut , and there is part connecting b/w them . in your child this area is narrowed due tightness of muscle. Due to this narrowing it makes it harder for the milk to pass through. And therefore Ethan vomits.*
  - *Mother: why this problem occur?*
- *Doctor: (explain the cause/risk factor) we don't know why it is happen , till now no clear cause . It is common esp. in first born males and that there may be family history.*
  - *Mother: is it serious problem?*
- *Doctor: (reassure) I appreciate your feeling , its only serious in case not discovered early and operation not done for your child , and this not the case here*

- *Mother : but what will happen if not treated ?*

- *Doctor : (explain effect of pyloric stenosis) its serious because not allow Ethan to gain weight , and also Ethan may loss fluids , salts and acid , because of frequent vomiting and this will affect his brain and other organ in the body.*
  - *Mother: how it is treated?*
- *Doctor: (treatment of pyloric stenosis) your baby will need to have an operation called "pyloromyotomy" did you heared about this operation before?*
  - *Mother : no.*
- *Doctor: (explain pyloromyotomy) this operation will be done under general anesthesia to cut some of the muscle fibers which are causing the problem and re suturing again in special way , but don't worry regarding this , surgical team will explain it more .*
  - *Mother: my baby may develop any problem when doing this operation?*
- *Doctor: (reassurance – complication of operation) when operation done under safe hand the risk of complication is small. However all operation carry some risk like :*
  - ✓ *Bugs invasion "infection " of wound , this avoided by cleaning area of surgery.*
  - ✓ *Failure of operation may not succeed and operation need to repeat again .*
  - ✓ *inner lining of stomach may open and need repair ,and anesthesia risks. And all these can be avoided by skillful team who will do the operation.*
  - *Mother: no any alternative management?*
- *Doctor: (no alternative)this operation is the only accepted treatment for this condition, But I want to reassure you that the outcome is excellent . most babies feed within 24 hours of surgery and tolerate the procedure well , and rapidly regaining their lost weight after operation. am I clear till this point ?*
  - *Mother: yes.*
- *Doctor: have you anymore concern ?*
  - *Mother: no thanks.*
- *Doctor: (ask for consent) please miss Lucas if you can sign this consent for your agreement of operation.*

Finalization: *when announcing 2 minutes left*

- *Now let us going through the points which we discussed briefly :*
  Actually your baby Ethan have condition called pyloric stenosis which may cause some problem to him if not managed , for this need operation to release this stenosis ,this is operation with minimal side effect when done under skillful hand.
- *and I will provide you written information sheet , leaflet, and websites for further information*
- *and also I can arrange to you a meeting with surgical team before operation.*
- *Have you any more question?*
- *At the end thank mother and examiner.*

CONSENT

SCENARIO 4 : BCG IMMUNIZATION(REBECCA 139).

MRS rashi , the mother of 2 week old baby rajiv, who immigrant from india need BCG immunization but the parent seem very unwilling for their son to be immunized with BCG.

Task : to advise Mrs rashi about the need for BCG immunization

Introduction:

- *Doctor (introduction) Hii good morning. I am doctor Mohammed , pediatric registrar , work in this hospital . I Believe you are Mrs rashi a mother of rajiv*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you doctor .*
- *Doctor : (agenda) I am here today to discuss the need of your baby to vaccination called " BCG" and by the end sign consent for that .*
  - *Mother : yes*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. Please tell me if you want anyone to attend this meeting.*
  - *Mother : thank you.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: how is rajiv today?*
  - *Mother: he is doing well. But they told me my baby need vaccination*
- *Doctor: (previous knowldge) yes exactly your baby need vaccine called BCG .1st let me to know what u know about BCG vaccine " jabs".?*
  - *Mother: I heard before about it in india , but just few informations and I am worry to give it to my baby?*
- *Doctor : (explain what is BCG vaccine)*

  Ok I will answer all ur questions about it and u can stop me at any time if not clear for u. BCG vaccine is a vaccine primarily used to prevent against chest condition called TB , aserious condition which affects air bags "lungs" and sometimes other parts of the body – it helps your child's defense system fight the germs that cause TB is it clear for u. shall I continue ?
- *Mother: ya doctor. But doctor we don't want to take vaccine , we are not in india now*
  Doctor: (explain the benefits and why u give BCG) according to our protocol , the BCG vaccine is not given as a part of the routine child hood vaccination unless ababy is thought to have an increased risk of coming into contact with TB :

- ✓ *This include all babies born in some areas where TB rates are high or Children who have recently arrived from countries with high level of TB.*
- ✓ *those have one or more parents or grandparents who were born in countries with high incidence of TB .*
- ✓ *BCG giving to babies who are living in big cities where there is many immigrant where small babies can get easily the infection from people around them.*

That is why rajiv should take BCG , is it clear for u.

- *Mother : ya doctor , how is BCG injection given ? is it harmfull ?*

- *Doctor : (explain the side effects of BCG)it is given as an injection into the upper arm. it can cause some effects , include :*
  - ✓ *Small ulcer which develops from that raised skin spot in the injection site , this may be painfull and take several weeks or months to heal fully. But surpisingly when we see this wound it means that the vaccine is functioning well.*
  - ✓ *High body temp which can be reduce by some drugs.*
  - ✓ *An enlarged neck or armpit tissue that may becomes infected.*

  Am I clear so far ?.
  - *Mother: yes doctor , when is the best time for my baby to have the BCG vaccine?*
- *Doctor:(time of giving the BCG) best time for your child to have the vaccine within a few days of being born and up to six month old , earlier vaccination gives better protection , but they can vaccinated any time up to five yrs of age.*
  - *Mother : so if I gave him vaccine , he will not get this TB?*
- *Doctor : BCG vaccine is not guarantee to give complete prevention from infection with the germs that cause TB. , but it strengthen defense to people who receive it. So he will not get serious TB disease. The vaccine is 70 – 80% effective against the severe forms of TB , such as brain TB in children. Is it clear for you.*
  - *Mother : ya doctor , but how long does the vaccine protection last?*
- *Doctor : (how long vaccine protect against TB) studies show that the BCG vaccine protect against serious TB disease for up to 15 yrs. After injection , are u following me.?*
  - *Mother : ya dr*

Finalization: *when announcing 2 minutes left*

- *Now let us going in brief through the points which we discussed about BCG vaccine , it's a vaccine protecting from lung condition called TB , and it's important in condition like rajiv for more protection .*
- *I will provide you written information sheet , leaflet, and websites for further information*
- *and also I can arrange to you a meeting with my consultant.*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Critical incident (drug errors)

Scenario 4: *Rebecca page 148.*

Miss cleaver a mother of 3 day old Thomas had been wrongly transfused.

TASK : TALK TO MISS CLEAVER AND EXPLAIN THAT THERE HAS BEEN AN ERROR IN BLOOD TRANSFUSION ,HOW IT OCCURRED AND WHAT YOUR MANAGEMENT WILL BE NOW.

Introduction:

- *Hii good afternoon.*
- *I am doctor Mohammed , neonatology registrar.*
- *I Believe you are Miss cleaver a mother of Thomas .*
- *Welcome, And I would like to thank you for coming today. I am here today to talk to you about what had been happened to Thomas yesterday.*
- *With us today a nurse who has been involved in Thomas care. And if you want anyone else to attend this meeting , please tell me.*
- *I had made arrangement , so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: how is Thomas today?*
- *Mother: he is ok.*
- *Doctor: (check previous knowledge) have you informed what happened to your baby Thomas yesterday?*
- *Mother: they told they give him blood because of his anaemia , anything new happened?*
- *Doctor: (clarify the aim of meeting) actually , I want to tell you that ,by mistake , Thomas had been transfused with wrong blood.*
- *Mother: by mistake!!!!! How it was occurred?*
- *Doctor: (1st apologize)I appreciate this is difficult time for you , and* ***I apologize on behalf of medical staff taking care of your baby*** *. The thing*

is that , last night Thomas given wrong blood , instead of gave him (–ve) blood group , gave him (+ve) blood group due to wrong labeling.

- *Mother: oohh , doctor this is very serious. You know my baby suffering since birth , and he is very small baby , how this mistake happen in your department ??!!! my baby is not safe to stay here more.*
- *Doctor: (reassure) I realize this is difficult time for you , but good thing is that we assessed Thomas and he remains stable , and everything ok , and no any transfusion sequences (defense system not well develop in preterm babies) , so no immediate intervention is required according to advise from blood dr , and my consultant.*
- *Mother: what about the future , no sequence in the future ?*
- *Doctor: (future side effect) this may have implication in the future , because immune system is senitised and may produce antibodies , for this we closely monitoring him.*
- *Mother: really I am very disappointed. Doctor I want to know the name of sister who did this mistake?*
- *Doctor:(documentation) **actually this not fault of one person , this failure of system , and also I am not in position to tell you the name**, but everything is documented in the file , and critical incident form filled , in addition senior nursing staff and consultant responsible for Thomas were informed.*
- *Mother: if you are doing such big mistake , this thing can happen to my baby again and other children also .*
- *Doctor: (arrangement made to prevent mistake) ok , in the future we will try to prevent such mistake from occurance to your baby and other baby by **DOUBLE CHECKING**.*
- *Mother: if anything happen to my baby, I will complain against all of you.*
- *Doctor: it is your right to complain but as I indicate earlier , your baby Thomas is now stable , and as I mention arrangement done so as to prevent this from occurring in the future.*
- *Mother: ok doctor , my final decision is to complain*
- *Doctor: (formal way to complain) ok , you can put your concerns in writing form if you feel this is more appropriate and I will offer to you contact details of **patient advise and liaison service (PALS).***

Am I clear so far ? Any more question ?

Finalization: *when announcing 2 minutes left*

- ***So miss cleaver , I apologize again*** *for what had been occur to your baby Thomas , who received wrong blood , but fortunately , he remain stable and we will follow him in the future for any implication that may occur in the future. And we made a new arrangement in our hospital so as to prevent like these incident from occurring in the future.*

- *I will provide you leaflet and websites for more information.*
- *Have you any more questions?*
- *and also I can offer you another meeting with my consultant.*
- *Now can you summarize what I have been told?*
- *At the end thank mother and examiner.*

EDUCATION

Scenario 4 (O2-HB CURVE): *Rebecca page 187.*

Ahmed is 4yrs medical student interested in pediatrics and neonatology , today joined your department . she want to know about o2-hb curve.

Task : explain to ahmed o2-hb curve , And answer any quire may have.

Introduction:

- *Doctor : Hii good morning. Ahmed .are u fine?*
  - *Ahmed : I am fine.*
- *Doctor : (introduce yourself)You know I am doctor Mohammed , pediatric registrar .*
- *I believe u are ahmed 4th year medical student who join our department recently. how you find study medicine?*
- *Doctor : (welcoming and Motivation) welcome , and I hope you will enjoy working in our department. I am happy to sit with very keen and enthusathitic medical student like u. whose interested in pediatric .*

Body :

- *Doctor : (clarify the role) as I know you have some difficulty in O2 – Hb curve , this why you want to sit with me today , am I right ?*
- *Ahmed : yes , doctor .*
- ***Doctor :*** *(**check previous knowledge**) yes , definitely ahmed , but first let me to know what you know about this curve ?*
- ***ahmed*** *: yes , the thing which I know , it's curve demonstrate the relation b/w o2 and hb.*

  doctor *: ok , this topic is to some extent complicated , but today I will try to make it easy for you.* ***Please ahmed feel free and stop me If anything not clear .***
- *Let us first to know basic information about red blood cell and Hb , what you know about Hb molecule ?*
- ***ahmed :*** *I know this part of blood who carry O2.*

- ***Doctor : (explain what is hb and red cell physiology)*** *yes very good , as you know each red blood cell contain functional molecule called Hb . each Hb molecule is made up of 4 globulin chains , which responsible of carring O2 in reversible way, so each molecule of Hb can bind 4 O2 molecules . Are you following me ahmed ? shall I continue ?*
- ***Ahmed :*** *yes , sure.*
- ***Doctor*** *: red cells must maintain Hb in reduced state , and red cell must generate 2-3 diphosphoglycerate , to reversibly bind with Hb.*
- *Doctor (* ***explain what is O2-Hb curve and it's importance by drawing digram):*** *this curve relates the Hb saturation which draw in y – axis , and partial pressure of O2 in blood which in x-axis of diagram, this curve is important tool for understanding how blood carries and release O2 , and curve is determined by affinity of Hb for O2. Do you heard about factors which may affect this affinity.* ***?***
- *Ahmed :* ***no doctor .***
- *Doctor : (explain factors affect affinity) the affinity of Hb for O2 is increased i.e Hb Is Hunger To take more O2 . by decrease CO2 , low temp , decrease 2,3 DPG Levels And Alkaline Ph . These Factors Cause Curve Shift To The Left , in which Hb need low pressure of O2 to attached to O2 and best example for this is our lungs . While the opposite make curve to shift to the right and this mean low affinity of O2 and easy to release it to the tissue. And here High PO2 is needed to take O2 , and best example of this is the peripheral tissues.*
- ***(recheck)*** *Are u following me dr. ahmed , so can u tell me what I explained to you so far?*
- ***Ahmed*** *: repeat what doctor said. But I noticed curve is S-shape can I know why ?*
- ***Doctor*** *: (explain why curve is sigmoid shape) ok , this good observation from you . it is sigmoid because at specific point of PO2 , which is 60 mmgh , you cann't increase the concentration of O2 in Hb and amount of O2 in the blood is not change.*
- ***Ahmed*** *: What is bohr effect ?*
- ***Doctor :*** *(explain what is bohr effect) ok , good doctor the bohr effect , is when increase in CO2 concentration which lead to decrease in PH means*

increase acidosis enhance the release of O2 from the blood to the tissues .and so curve will shift to the right.

- *Ahmed : what is Haldane effect ?*
- *Doctor : (explain what is haldane effect) Haldane effect is mean oxygenated blood has reduce capacity to carry CO2.*
- ***Ahmed :** also doctor I want to know what is P50?*
- ***DOCTOR : (explain what is P50)** P50 means 50% of Hb are saturated with O2. Which is around 26.6 mmgh PO2.and it is one of the measures used to indicate affinity of Hb to O2. Increased value of p50 indicate low affinity and vice versa.*
- *can you repeat for me what you discuss today.*

***Finalization:** when announcing 2 minutes left*

- *Now in brief we will go through the point which we discussed about O2 – HB curve …..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and*
- *we will arrange another meeting to discuss more*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Blood transfusion (jehovah's witness)

Scenario 4: *rebeca (162 – 163).*

Salman is 9years old needs laparotomy with possible bowel resection , his father david is jehovah's witness .

TASK : EXPLAIN TO DAVID THE POSSIBILITY OF BLOOD TRANSFUSION BOTH DURING OPERATION AND POSTOPERATIVELY.

Introduction:

- *Hii good morning.*
- *Iam doctor Mohammed , pediatric registrar looking after ur child.*
- *I believe you are Mr. david a father of salman.*
- *I would like to thank you for sparing time to sit with me , to discuss some issue regarding health of salman.*
- *I had made arrangement so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*
- *staff nurse looking after david will be with us.*
- *If u want anyone else to attend this meeting , it's welcome.*

Body:

- ***Doctor****: how is salman now?*
- ***father****: he is ok .*
- ***Doctor*** *: do you have an idea what salman suffering from , and what operation they planned to do for him ?*
- ***Father*** *: my son salman suffering from certain disease called "crohn's disease" and receiving medication but not respond well*

to this medication and start to bleed from back passage "rectum" so they deciede to do him operation.

- ***Doctor:*** *actually salman need this operation to relieve his suffering from this disease , and it's major operation and may bleed during this operation , for this he will need to transfuse blood to save his life during operation or after .*
- ***Father*** *: yah , no I can't believe , u want to transfuse him? .*
- ***Doctor:*** *I respect ur opinion , I want to say it's not a routinely given a transfusion . however , as in any operation , there is a risk of bleeding*
- *Father : if not routine why u want to transfuse , I will not sign any consent for u.*
- *Doctor : I appreciate that this difficult situations for u mr. david , but if salman lose a lot of blood during surgery , and not giving him blood a transfusion might put his life at serious risk. (by this u can avoid confrontation).*
- *Father : please doctor let him die . this our believe why u want to change our believes.*
- *Doctor : I know this difficult time , I respect ur beleive about this but we will not transfuse unless his life at risk.*
- *Father : no I am not agree , let him die.*
- *Doctor : this ur right and I respect ur opinion , but let us also take advice from TRUST SOLICITOR , or we can contact the medical protection society or general medical council for more advice.*

- *Father : doctor I heared about the possibility of using "cell saver ", is not possible in this situation?*
- *Doctor : yes there is , but it is not possible to use in this situation , b/c it will take long time , and ur baby already on the list.*

- *Father : ok doctor give me chance to sit with my friend to take his opinon*
- *Doctor : definitely , u can take time to sit with ur family and take advice from trust solicitor.*

Finalization: *when announcing 2 minutes left*

- *At the end , I will again briefly tell u that ur son salman will go for major surgery and may lose blood during this , so his life may be at risk if not transfuse.*
- *and also I can offer you another meeting with my consultant , and pedia surgeon to explain for u more about risks of surgery*
- *At the end thank father and examiner.*

Improper colleague – work problems

Scenario 5 : *mb. 135 (dr. Hassan not complete discharge summary)*

You are senior registrar working in busy hospital. Dr.Hassan is ur junior colleague , he is not completed any discharge summaries for several months. Other juniors are complaining that he does not pull his weight.

TASK : TALK TO HIM ABOUT NOT COMPLETED ANY DISCHARGE SUMMARIES.

Introduction:

- *Doctor : Hii good afternoon. How are you dr. Hassan?*
  - ✓ *Dr. Hassan : I am fine*
- ***Doctor : can we get a cup of tea together ?***
  - ✓ ***Dr.hassan : absolutely.***
- ***Doctor (ice break) : How you find work in this hospital ?***
  - ✓ ***Dr.hassan : is not easy , it is hard job.***
- ***Doctor****: yes I know this , and I appreciate this .*
  - ✓ ***Dr.Hassan*** *: thank you dr.*
- *Doctor : Today I have made arrangement so as no one will disturb us , to discuss some concern about you .*
  - ✓ *Dr. Hassan : anything wrong with me*

Body:

- ***Doctor: (checking previous knowledge) Are there any areas you are finding particularly difficult? At home or work***
  - ✓ *Dr. Hassan : yes , a lot of work , and I cannot finish my work before going .*
- ***Doctor:*** *(clarify task) yes , actually there is concern raised that …you are not complete discharge summaries for long months.*
  - ✓ *hassan : no doctor this not true , who said that.*
- ***Doctor :*** ***actually we are not here to tell who said that , is that something happen and everyone know this happened . and when we are checking file we found that your file is not complete for several months ago . Really I feel stressed & frustrated , when I heard this , because it seems as though we are not working well as a team , do you think that what I am saying is fair?***
  - ✓ *Hassan : I am not want to discuss this , you are critizing me .*

- *Doctor : (reassure/ absorb her anger) sorry dr.hassan I am really sorry to make you feeling like that , I am not here to crizied you or judge you , I am here to talk to you as your colleague , I am here to give you hand of help.*
  - ✓ *Hassan : ok , yes doctor sometime I couldn't found time to complete my files .*
- ***Doctor : (check why not complete file) could I Know why you are not finishing your file** ?*
  - ✓ *Hassan : actually doctor I am doing all my work , I am seeing the patient and follow them and examining them and I spend with them a lot of time , only discharge summary I am not complete .*

- ***Doctor : (encourage him / answer2) I appreciate your work** and we know you are keen for the pt. since u join the department. **But also discharge summary is important as well for patient . do you know what is importance of discharge summary.***

  - ✓ *Hassan : I don't know .*
- *Doctor : (explain 1st importance of discharge summary) it's importance in outpatient clinic when doctor following the patient see the discharge summary , he know everything about patient and it seems unfair to go back and waste his time searching for whole file. Do you think this is fair ?*
  - ✓ *Hassan : yes doctor it's unfair .*
- *Doctor :(check previous knowledge of importance) do you know any other importance of discharge rather than this ?*
- *Hassan : no doctor .*
- *Doctor : (explain 2nd importance) the 2nd importance in emergency situation . if patient came to ER in critical condition discharge summary will give a brief about history of patient and help in putting right plan for him.*
  - ✓ *Hassan : yes , it's important doctor , but really I can't finish the discharge summary.*
- *Doctor : (try to find soluation) ok , dr.hassan I understand , I know our unit is v.busy , and we have short in staff , but we must finish our work because as you know safty and care of patient is our priority, I will sit with you and show you how manage time and how you complete your file before going. .*
- *Doctor : do you have any more concern ?*
  - ✓ *Dr .hassan : yes doctor my collegue not helping me , I saw many patient , why they will not do discharge summary?*
- *Doctor : ohh , this really not good point dr, Hassan, because it seems as we are not working as a team , and never forget we are **team working to fulfill hospital and departmental vision**. So we must co-porate each other for sake of our patients.*
  - ✓ *Hassan : yes , ok . but doctor if you only let them to do discharge summary .*

- *Doctor : as you know our protocol looking for best interest of patient , for that doctor who follow the patient and know steps of his management must be write discharge*

summary , because other colleague having their own patient , do you think they are not busy .

- ✓ *Hassan : they are busy but not like me*

- *Doctor : ok doctor , I will be honest with you if you are not complete your file , you be in trouble .*
  - ✓ *Hassan : what you mean doctor ?*
- *Doctor : I mean from medicolegal aspect this and also our quality control department are v. restrict in this issue , so I afraid if they will raise this issue to hospital director. Will put you in trouble.*
  - ✓ *Hassan : what you mean doctor , could my carrier affected .*
- *Doctor : yes definitely your carrier will affected and your evaluation also. But fortunately till now this problem not raised outside our department.*
  - ✓ *Hassan : so doctor what I will do now ?*
- *Doctor : (reassure / explain how can correct himself) my advice to you to complete you all files , and I will help you to manage this . ok We are human being and we can commit mistake , All of us learing from our mistake and best one is the one who correct himself as soon as detected his mistake*

- *Doctor : so I hope that I made things more easier and everything clear now.*

  - ✓ *Hassan : yes doctor. Thank you .*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , in* ***brief we go through the point which we discussed , I hope that I make things clear for you*** *, I will say what we discuss in this meeting that there is concern that you are not complete your discharge summary , and we know importance of discharge summary . and we must know our pt. safety is our priority , also we need to work as team and help each other .*
- *I would like to thank you for listening to me today , and also I can offer you another meeting with my consultant.*
- *Now can you tell what we discuss?*
- *Have any more question?*

- *At the end thank him and examiner.*

Breaking bad news

Scenario15 (IVH-grade 3): *M.B (page 138) , Rebecca page 90*

Sarah is 5 days old , born at 26 week gestation by SVD. cranial U/S show bilateral grade 3 IVH .

TASK : EXPLAIN TO PARENT OF SARAH THE IMPLICATION OF IVH – GRADE 3 .

Introduction:

- *Doctor : (introduction) Hello good afternoon. I am doctor Mohammed , neonatal registrar . one of the team taking care for Sarah . I Believe you are mr ahmed a father of Sarah .*
  - *Father : yes , I am the one.*
- *Doctor : (ice break) I congratulate on delivery of Sarah. and thank u for sparing time and sit with me today.*
  - *Father : thank you doctor .*
- *Doctor : (agenda of meeting) today I am going to talk about condition regarding your baby Sarah , is it suitable time for you?*
  - *Father : yes doctor .*
- *Doctor : (attender and arrangement) for this I had made arrangement so as no one will disturb us. And If you want anyone to attend with us it's welcome. And sister who's taking care of Sarah will join us soon.*
  - *Father : thank you doctor.*
- *Doctor : before I start I want from you to feel free and stop me and ask me any question. if anything not clear.*
  - *Father : ok.*

Body:

- *Doctor : (previous condition of sarah) what u know so far about sarah condition ?*
  - ***AHMED** : she still sick , they inform me they did for her jelly scan for her brain , I want to know more about her condition ? and why they did for her this scan ?*
- ***DOCTOR** : (clarify the role) I appreciate your feeling , and I know it's difficult time for you . actually as you know sarah dlivered very early before her date and as routine check up for such cases they did scan for her brain . today I am here to explain the result of this scan which show bleeding in her water space of the brain called " ventricles"….. .*
  - *Ahmed : what doctor , what this mean ?*
- *Doctor : (check previous knowledge) OK , I will explain for you this , but before that let me know if you have any experience before with preterm with this problem ?*
  - ***AHMED** : I am never heard about it before what is that ?*
- *DOCTOR : (Explain What Is IVH by drawing) ok first let me draw to make things more clear for you - this view showing normal brain tissue and inside this brain tissue there is*

space filled with water called " ventricle " - sarah scan show there is bleeding in this space called intraventricular haemrrhage .

- *Ahmed : oooh my god … but why and how my baby get this problem ?*

- ***DOCTOR** : (pathophsiology / causes of IVH) I appreciate your feeling and I know this difficult time for you . actually , this common problem in those who born earlier than their date , as sarah was born early , the bood vessels in her brain is very delicate and can bleed easily as well as flucations of blood pressure and carbon dioxide , for this sarah has a bleed within the water spaces. And actually this bleeding is divided into 4 grades and sarah bleed is of grade 3 .*
  - ***AHMED :** what you mean by grade 3 ?*
- ***DOCTOR :** (explain grades of IVH) as indicated just now this bleeding classiefed into 4 grades from grade1 (which is mild one with good outcome) up to grade 4 (which is severe one and of poor outcome). unfortunately sarah having grade 3 which mean blood filling and distending the ventricular system. Dilated ventricles which are >50% full of blood pressing brain tissues .and as consequences clots formed and may block flow of fluid circulting in the ventricules lead to more dilation of venricules and big head " hydrocephlus".*
  - *Ahmed : now doctor , what is treatment ?*
- ***DOCTOR :** (talk about treatment) unfortunately no treatment indicated for sarah to control bleeding , but she will have regular monitoring of head size , as well as a head scan to assess the size of the ventricles to know is this bleeding increase or decrease.*
  - ***ahmed** : is there any possibility this bleeding increase ?*
- ***Doctor** : I am sorry to say that yes there is possibility to increase , .*
  - ***AHMED** : how this bleeding will affect sarah ?*
- ***DOCTOR :** (effect/ complications of IVH) this bleeding can :*
  - ✓ *cause anemia but we will manage this by giving blood.*
  - ✓ *Ventriculo megaly.(dilation of ventricles) , we will regulary follow.*
  - ✓ *Affect her vision and hearing*
  - ✓ *Can also affect her development .*

For this we will refer sarah for many professional

- ***Ahmed** : you mean my baby going to become handicap?*
- *Doctor : (outcome of IVH grade 3) no one can predict sequel in the future because scan will not show us the function but most properly grade 3 having developmental and movement problems with this grade 3 of IVH , that is why we will follow him in our clinic to detect and manage any developmental difficulties . let us hope better.*
  - *Ahmed : is my baby going to die ?*
- *Doctor : I know it's difficult time for you but unfortunately there is some of cases can die , but as I indicated earlier let us hope better.*

Finalization: *when announcing 2 minutes left*

- *Now in brief let us go through the point which already discussed , that sarah scan of brain …..*
- *and I will provide you written information, websites , and if u want to meet my consultant.*
- *At present sarah is stable , but need monitoring for long period of time , and we will keep you fully updated .*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank ahmed and examiner.*

CONSENT

Consent of sedation to CT scan.

A. *INTRODUCTION*

- *Doctor :(introduction) Hello , good morning , I am dr. mohammed pediatric specialist trainee looking after ahmed. I believe I am talking to mrs wafa mother of ahmed .*
  - *Mother : yes you are right.*
- *Doctor : (ice break) : nice to meet you today*
  - *Mother : nice to to meet you two.*
- *Doctor : (agenda) today we are plan to do procedure for your baby which need sedation , and we need to take consent for sedation of this procedure . Is it suitable time for you.*
  - *Mother : yes it's suitable*
- *Doctor : (arrangement and attender) I made arrangement so no one will disturb us , and if you want anyone else to attend with you , it's welcome*
  - *Mother : no thank you.*

B. *BODY :*

- *Doctor : (Check the previous knowledge) what you know so far about your baby condition*
  - *Mother : I know that they plan to do imaging of his brain . But I am very worry because may be painfull.*
- *Doctor : (explain agenda) I appreciate your concern and I want to reassure you that its simple procedure , and for best interest of her we decide to give her some drug which make her relax .*
  - *Mother : what is the benefit to give her sedation.*
- *Doctor : (explain benefits of sedation) yes this good question from you , and benefit of giving sedation are :*
    - ✓ *To avoid distress during procedure , you know that small baby not easily settle.*
    - ✓ *To maximize the successful of procedure , because CT scan machine is very sensitive , and if baby moving the image will not be accurate.*
  - *Mother : how will be administer.?*
- *Doctor : (Explain how administered) actually we have agood choises , we can give it through mouth , or if not tolerated we can give through blood tubes " intravenous ", or even spray through nose "intranasally".*
  - *Mother : this drug have no any effect unwanted.*

- *Doctor : (Discuss side effects and what will be done to minimize this risk)you know any drug having unwanted effects , but here unwanted effects are very rare and tolerated well , unwanted effects are :*
    - ✓ *Respiratory depression – for this we will prepare oxygen , and drug which work against sedation effect will be ready . doctor will monitor the child's oxygen levels , and supporting the airway if needed.*
    - ✓ *Some of fluid from food pipe make enter the airbags "Aspiration" – and we will avoid this by not giving him anything by mouth " keep NPO" for at least 6 hours before procedure .*
    - ✓ *Failure of sedation and this prevented by proper calculation of the dose by doctor spelised in sedation , Am I clear till this point ?*
  - *Mother : yes doctor.*
- *Doctor : (ask for formal consent) can I take consent for this procedure*
  - *Mother : sure .*

C. *FINLAZATION*

- *In brief I will summarise what we discuss about our plan to give your baby sedation for procedure which advised for him .*
- *I will provide you with written information about sedation .*
- *as well I will arrange meeting with doctor of sedation to give you more details.*
- *Have you got any further questions about anything I have said?*

CONSENT

Consent of sedation to painful procedure e.g: LP.

D. INTRODUCTION

- *Doctor : Hello , good morning , I am dr. mohammed pediatric specialist trainee looking after ahmed. I believe I am talking to mrs wafa mother of ahmed .*
  - *Mother : yes you are right.*
- *Doctor : (ice break) : nice to meet you today*
  - *Mother : nice to to meet you two.*
- *Doctor : (agenda) today we are plan to do procedure for your baby which need sedation , and we need to take consent for sedation of this procedure . Is it suitable time for you.*
  - *Mother : yes it's suituable*
- *Doctor : (arrangement and attender) I made arrangement so no one will disturb us , and if you want anyone else to attend with you , it's welcome*
  - *Mother : no thank you.*

E. BODY :

- *Doctor : (Check the previous knowledge) what you know so far about your baby condition*
  - *Mother : I know that they plan to take from him sample from his back. But I am very worry because may be painfull.*
- *Doctor : (explain agenda) I appreciate your concern and I want to reassure you that its simple procedure , and for best interst of her we decide to give her some drug which make her relax .*
  - *Mother : what is the benefit to give her sedation.*
- *Doctor : (explain benefits) :As you know this procedure is very important for your management of child , so sedation is important to :*
    - ✓ *To avoid distress during procedure*
    - ✓ *To maximize the successful of procedure.*
  - *Mother : how will be administer.?*
- *Doctor : (Explain how administered) by mouth , through blood tubes "intravenous" which is preferable route , and even can be given through the nose " intranasal".*
  - *Mother : this drug have no any effect unwanted.*
- *Doctor : (Discuss side effects and what will be done to minimize):*
    - ✓ *Respiratory depression – oxygen will be available , doctor will be supporting the airway , and monitoring the child's oxygen levels , and drug which work against sedation effect will be available.(e.g flumazenil)*

- ✓ *Some of fluid from food pipe make enter the airbags "Aspiration" – and we will avoid this by not giving him anything by mouth " keep NPO".*
- ✓ *Failure of sedation and this prevented by proper calculation of the dose.Am I clear till this point ?*

- *Mother : yes doctor.*

- *Doctor : (ask for formal consent) can I take consent for this procedure*
  - *Mother : sure .*

F. FINLAZATION

- *In brief I will summarise what we discuss about our plan to give your baby sedation for procedure which advised for him .*
- *I will provide you with written information about transfusion.*
- *Have you got any further questions about anything I have said?*

Difficult conversation (Angry Mother)

Scenario *rebbeca page 221 : GBS +ve baby*

Back ground information *: 2days old josie , she become febrile and unwell and not tolerate feed , and blood C/S growing GBS . the mother become angery because not tested for this organism during pregnancy.*

Task *: please talk to mrs bank about her concern.*

INTRODUCTION *:*

- ***DOCTOR*** *: (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed neonatal registrar working in this hospital , I believe I am talking to mrs mother of josie.*
  - ***MOTHER*** *: yes I am.*
- ***DOCTOR*** *: (ice break , agenda of meeting) congratulation for your new baby thank you for your coming today , I am here today to talk to you about your baby condition , I had made arrange this meeting that nobody will interrupt us. If you want anybody else to attend with you its well come.*
  - ***MOTHER*** *: no thank you.*

BODY :

- ***DOCTOR*** *: (check her concern) can I know what is your concern , why you want to sit with me today.*
- ***MOTHER*** *: I am very upset for condition of my baby .*
- ***DOCTOR*** *: (check previous knowledge / calm her) I appreciate your feeling I want you to calm and we will discuss the whole concern you have , Can you tell me what they told you so far about your baby condition ?*
- ***MOTHER*** *: actually I have been told that the bug responsible for her condition , can be detect early.*
- ***DOCTOR :*** *(clarify agenda of meeting / previous knowledge of GBS) I appreciate your feeling , and I am here today to talk to you about bugs responsible for condition of your baby called " GBS " and update you with condition of your baby , but first let me check what you know about GBS.?*
- ***MOTHER*** *: no one told me anything .*
- ***DOCTOR*** *: (explain what is GBS) I will give you some information about GBS , at any point if I am not clear or any point not clear stop me .*
- *GBS is micro organism or bug which can cause serious infection in new born baby. either occur early within 3 days after birth in most of the case(80 %) , , or occur late after 7 days of age in only(20 %).*

- *One out of each 4 healthy pregnant women have GBS in Vagina and does not cause any problem to them or their babies , but Only few numbers of babies could be affected (less than 1%).*
- ***MOTHER** : so why they are not test me for this bugs. My sister in USA they test her for this.*
- ***DOCTOR** : you know each country have own protocol , in Our hospital protocol not routinely screening for GBS to all pregnant mother . however this is Obstetrical issue (So I think I'm not the Best person to discuss the issue with you) . & I will arrange meeting for you with obstetricians to discuss it more.*
- ***MOTHER** : you told not all pregnant women , you mean only for VIP women ???*
- ***DOCTOR** (explain indications for screening of GBS) no I am not mean VIP women , I am mean protocol of our hospital doing screening for women at risk , risk factors for early onset GBS disease include :*
    - *Previous affected baby*
    - *Premature rupture of membrane.*
    - *Fever of 38 c during pregnancy.*
- ***MOTHER** : what is the benefit of discussing this issue , my baby is very sick.*
- ***DOCTOR** : (reassuring) I know it's a difficult time for you. & me and the team doing our best for joise care. We are treating her with antibiotic and supporting her heart and breathing .*
- ***MOTHER** : ooh my little baby.*
- ***DOCTOR** : (encourage) I know it's difficult time for all but let us hope better . You can come and see her and we will update you daily with .*

Finalization :

- *Now in brief let us to go through important points which we discuss about GBS…….*
- *I will provide you with leaflet and web site to know more about GBS.*
- *I will inform my consultant & obstetric team about her concern. and we will keep you updated about the progress of her condition.*
- *Check her understanding*
- *Have you any more concern.*
- *Thank you*

Breaking bad news

Scenario 19 (cardiac murmur)*: MB. (page 139) ,Rebecca (page 94.)*

Fatima is a mother of 2 days old Ali . he found that having cardiac murmur .

TASK : EXPLAIN TO MISS FATIMA YOUR FINDING , DIAGNOSIS AND PLAN OF MANAGEMENT.

Introduction:

- *Doctor (introduce , to whom he talk) Hii good morning.I am doctor Mohammed , neonatology registrar one of the team taking care of your baby. I Believe you are miss Fatima a mother of Ali .*
  - *Mother : yes you are right doctor .*
- *Doctor : (ice break) First of all congratulations on birth of ALI , how are you and how is your baby , I am sure you are over well about this new experience .*
  - *Mother : yes doctor . nice to meet you doctor.*
- *Doctor (agenda of meeting) actually I am here today to talk to you about some finding of your baby routine checkup. Is it suitable time for you ?*
  - *Mother : yes doctor no problem .*
- *Doctor : (arrangement and attender) so good for this I made arrangement so as no one will disturb us. If you want anyone to attend with us it's well come , and sister who take care of Ali will be with us.*
  - *Mother : thank you dr.*

Body:

- *Doctor : (clarify agenda) actually miss Fatima I am here today because one of the doctor during auscultating your baby chest as a part of routine checkup of new baby , found your baby ali quite well except of having noisy sound coming from his heart which we call it "cardiac murmur" …..did you ever heard before about this ?*
  - ***MOTHER****: no doctor , what this means , what cardiac murmur mean ?.*
- ***DOCTOR****: (explain normal anatomy of the heart) ok , I will explain to you , but before I will start feel free to stop me and ask me any question.*
  Let us first start what is heart consist of (by drawing) , basically our heart composed of four rooms or chambers and 2 large blood tubes taking blood from the heart . these divided by wall into 2 chambers on the right side and 2 in the left side , those in the right side receive blood from whole body , then blood going to the our lungs , to take O2, through large blood tube and then from lung go to the left sided rooms , and from there it will distrubated to whole body again through another blood tubes . we have also 4 doors which called " valves" 2 of the doors control the blood flow through the rooms of the

heart and other 2 control the flow from the heart through blood tubes. Am I clear till now ?

- *Mother : yes doctor .*

- *Doctor : (explain what is heart murmur) so as to control the flow of blood , these valves going to open and close . due to this opening and closure we expected to hear normal heart sounds , when we heard any more sound than we expected we call it "Heart murmurs" are you following ?*
  - *Mother : you mean that my baby having heart problem ?*
- *Doctor : (cause of heart murmurs) I am not saying this , what I am saying that your baby having sound more than we expected to heard . Many of these murmurs result from normal patterns of blood flow through heart and blood vessels and called " innocent murmurs" which common among many stable babies . However, in minority of cases a murmur can be the sole manifestation of structural heart disease like problems with these valves , hole in wall separated heart chambers or narrowing in blood tubes coming from heart. For this we need to analyzed .*
  - ***MOTHER :*** *oooh my baby so there is possibility to be a serious ?*
- ***DOCTOR :*** *(empathy , reassurance) I know it is difficult time for you , but I want to reassure you that ali is well in himself , breathing comfortably in room air , has normal pulses and oxygen level in blood (oxygen saturation) , and we compare oxygenation and BP in Upper limb compared with lower limb saturation which found that almost same , as well as antenatal scan were reported to be normal . so it's less likely that ali could have a serious underlying heart condition. And also even structural heart disease not all serious , some of them recovered spontaneously without intervention. Are you following me ?*
  - *Mother : yes doctor , tell me doctor , how you will going to help him?*
- *Doctor : (explain plan of management) ok , we will refer your baby to heart doctor asking his opinion , who will do Imaging of heart to rule out any heart lesions and assess him before discharge or soon after discharge in clinic and he will be responsible for ongoing f/up if indicated.*
  - ***MOTHER :*** *can I take my baby home ?*
- ***DOCTOR :*** *ok , I will refer you first to doctor of heart who will decide that . once doctor of heart agree to discharge your baby home as we expected , you can take him home and care for him like any other baby. Am I clear till this point ?*
  - ***MOTHER :*** *yes , but no special pre cautions for my baby ?*
- ***DOCTOR :*** *(give her advice) yes this good question from you , definitely better to contact your GP if ali has any problems at home with feeding , breathing or colour change.*

Finalization: *when announcing 2 minutes left*

- *in **brief now** let us to go through points which we discuss about cardiac murmur which is noise breathing and it's in most of the cases it's due to normal flow of blood special in those who remain stable like your baby ali. And I will refer you to doctor of heart for further assessment and f/up if needed .*
- *I will provide you written information, websites to know more about cardiac murmurs.*
- *and also I can offer you another meeting with my consultant , And doctor of heart , if still you have unanswered questions or concerns.*
- *Have you any more questions or concern .*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Drug errors

gentamycin over dose

Case 5 : critical incident – Rebecca page 150.

jack is 3days old , received 2nd gentamycin dose at 24 hrs instead of 36 hrs as prescribe , due to an error .

Task : talk to mother of jack and explain that there is error in giving antibiotic , how it occurred , and what your management will be now.

Introduction :

- *Doctor : (introduction) Hii good afternoon. I am doctor Mohammed , neonatal specialist registrar. I believe you are Mrs Williamson a mother of jack .*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) Welcome, And I would like to thank you for your coming today .*
  - *Mother : thank you.*
- *Doctor (agenda of meeting) I am here today to talk to you about what happened to jack yesterday .*
  - *Mother : ok*
- *Doctor : (attender and arrangement) With us today a nurse who has been involved in jack care. And if you want anyone else to attend this meeting , please tell me.I had made arrangement , so as no one will disturb us.*
  - *Mother : thank you.*
- *You are welcome and feel free to stop me and ask me any question.*

  Body:
- *Doctor : how is jack today?*
  - *Mother : he is ok.*
- *Doctor: (check previous knowledge)*

  have you informed what happened to your baby jack yesterday?
  - *Mother: no , anything new happened?*
- *Doctor: (clarify the role of meeting – tell the incident) actually , I am here today to tell you that , Jack had been giving drug called " gentamcin " 12 hours earlier . instead of giving next dose after 36 hours , they him after 24 hours.*
  - *Mother: by mistake!!!!! What I am hear is true doctor ?*
- *Doctor: (show empathy and 1st apologize) I appreciate this is difficult time for you , and* ***on behalf of staff taking care of your baby , I apologize for that mistake happen . and I want to reassure u that your baby is stable now.***
  - *Mother : ooh my god , how it occurred ?*

- *Doctor : (explain how it is occurred) As you know your baby took 2 anti bugs medication for his condition . one of these medication called gentamycin , this drug must be given every 36 hrs , instead they give 12 hours early due to error.*
  - *Mother: oohh , doctor this is very serious. You know my baby is 30 weeks and he is v.small and as I know this drug is harmful , and u told now u give it 12 hours earlier . how this mistake happen in your department ??!!! my baby is not safe to stay here more.*
- *Doctor: (what action done for him)I realize this is difficult time for you , we have system but you know a mistake sometime can happen , but good thing is that :*
  - ✓ *we assessed Jack V/S and he remains stable , and no any harmful effect occur from giving this drug earlier.*
  - ✓ *and we will check the level of drug before next dose .*
  - ✓ *and also to check function of his liver and kidney .*
  - ✓ *Also we will do hearing screening before discharge.*
  - *Mother: I am worry doctor , what are these unwanted effect can happen?*
- *Doctor: (explain side effects of drug) this drug if it's level is very high in blood may affect kidney and affect hearing , but fortunately till now your baby stable and all investigations are normal , so no intervention done , according to advice of my consultant .*
  - *Mother : is my baby will not hearing again ?*
- *Doctor : (be honest – don't scape from question) I am not saying your baby will become deaf . but incase the drug level is high in the blood may cause irreversible hearing loss . but as I indicated earlier your baby remain stable , and these harmful effect hopefully will not occur .*
  - *Mother : now doctor tell me what is your plan regarding management of my baby ?*
- *Doctor : (explain the plan) we will check the level of drug in blood , if not high , we will complete antibiotic for one week .*
  - *Mother : what doctor ?? you insist to complete this dangerous drug?*
- *Doctor : actually as you know any drug has unwanted effect , and we are weighing the benefit and risk , and drug with minimal side effects if given in appropriate dose and interval b/w doses.*
  - *Mother: really I am very disappointed. Doctor I want to know the name of sister who did this mistake?*
- *Doctor: (documentation and not disclosure information) actually **this not fault of one person , it's a failure of system , and in addition I am not in position to tell you the name,** but everything is documented in the file , and critical incident form filled , in addition senior nursing staff and consultant responsible for jack were informed.*
  - *Mother: if you are doing such big mistake , this thing can happen to my baby again and other children also , how this happened?*
- *Doctor: (prevention from occurring in the future) you know mistake can happened .actually this happened because of wrong calculation , and in the future we will try not to*

*occur to your baby and other baby by **DOUBLE CHECKING** of the drug doses before giving to pt.*

- *Mother: if anything happen to my baby, I will complain against all of you.*

- *Doctor: (try to convence her not to complain)it is your right to complain but as I told you , your baby jack is now stable , and as I mention arrangement done so as to prevent this from occurring in the future.*
  - *Mother: ok doctor , my final decision is to complain*
- *Doctor: (if insist explain her how she can complain) ok , you can write down your concerns , if you feel this is more appropriate and I will offer you contact details of **patient advise and liaison service (PALS).** Now have you anymore questions?*

Finalization: *when announcing 2 minutes left*

- *So , mrs williamson , **again I apologize** for what had been happen to your baby Jack who received the dose of gentamcin 12 hours earlier , but now he is stable and we will follow for any complications that may occur later on. And we made a new arrangement in our hospital so as to prevent like these incident from occurring in the future.*

- *also I will provide you leaflet and websites for more information.*
- *and also I can offer you another meeting with my consultant , if u have more quiry and concern.*
- *Have you any more questions?*
- *At the end thank mother and examiner.*

Difficult conversation (wrong coception)

Scenario *rebbeca page 223 : goat milk for neonate.*

Back ground information *: mrs rahman mother of 8-week old ranjeet , referred to you by GP with concerns regarding excessive crying , his mother feeding him goat milk and is considering starting him on solid food.*

Task *: please talk to mrs rahman cocern about ranjeet excessive cry , and advice her against both using goat's milk and starting him on solid.*

INTRODUCTION *:*

- ***DOCTOR*** *: (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed pediatric registrar working in this clinic , I believe I am talking to mrs rahman mother of ranjeet.*
    - ***MOTHER*** *: yes you are right.*
- ***DOCTOR*** *: (ice break) nice to meet you mrs rahman thank you for your coming today . how you found way to our clinic today.*
    - *Mother : it's my pleasure , nice to meet too.*
- ***DOCTOR (AGENDA OF MEETING)*** *as I receive letter from GP regarding condition of ranjeet , I am here today to address your concern regarding your baby excessive cry and discuss your baby feeding issue , I had made arrangement nobody will interrupt us. If you want anybody else to attend with you its well come.*
    - ***MOTHER*** *: doctor really I am very worry about his condition.*

BODY :

- ***DOCTOR*** *: (check previous knowledge) do you have any idea about the cause behind your ranjeet excessive cry ? .*
- ***MOTHER*** *: actually , no doctor I couldn't find any reason . I am afraid doctor baby may have serious illness.*
- ***DOCTOR*** *: (reassure /check previous knowledge) I appreciate your concern I want to reassure you that GP examine your baby and found your baby is ok , but I came to know you give your baby goat milk , can I know why you interest to give your baby goat milk ?*
- ***MOTHER*** *: actually I give him goat because I heared that goat milk is similar to human milk so healthly, natural milk , and better than cow and formula milk.*
- ***DOCTOR :*** *(correct wrong conception and explain disadvantages of goat milk) yes me also heared this conception from many mothers , but this wrong conception , because no evident support this , and even goat similar to cow milk and recommendation not to start before 1 yr of age. The best milk in first yr of life is breast milk , you know why it's the best milk ?*
- ***MOTHER*** *: no doctor*

- ***DOCTOR*** *: (explain breast milk benifits) breast milk can support growth and development of your baby , contain perfect mixure of vitamens , minerals and fats suitable for growth and development of your baby , as well breast milk contain substance called antibodies which strength defence system of your baby against germs. And also lower the risk of getting some diseases like asthma , allergy , and increase bonding b/w baby and his mother. Are you agree with me.?*
- ***MOTHER*** *: yes doctor absolutely agree with you , but my problem it's difficult for me to fed my baby , I am working , I am living alone no other one helping to take care of other 3 children in home , realy I am tired and exhausted .*
- ***DOCTOR*** *: (suggest solution formula better than goat) ok , I appreciate your feeling , don't worry we are all here to help , I can suggest for you to fed your baby formula milk because at least it contain reasonable vitamins , proteins and fats. Rather than to give goat milk which deficient in vitamins , minerals and iron and cotain large amount of proteins which difficult for him to digest it and may cause tummy pain and may be the cause of his excessive cry. So its wise to switch to formula milk.*
- ***MOTHER*** *: realy doctor goat milk can cause all these , so what about solids food cannot be alternative ?*
- ***DOCTOR*** *(discourage her to start solids food) no mother you can't start solids food before 6 month , because your baby is too small and his digestive system is still immature and can't tolerate solid food. Are you get my point?*
- ***MOTHER*** *: yes doctor.*

Finalization :

- *Now in brief let us to go through important points which we discuss about ranjeet excessive cry and his feeding issue , and we agree that goat and cow milk not suitable before 1 yr of age and most probely it cause behind your baby excessive cry . also we know that breast milk is best recommended feed for infant and formula milk can be alternative if you are busy.*
- *I will offer to you written information regarding breast feed*
- *I will give you another appointment to f/up.*
- *I will give you contact no of supporting group.*
- *Check her understanding*
- *Have you any more concern.*
- *Thank you*

Ethical delima

Scenario 5 : IVH (withdrawal care): *Rebecca page 164-165*

AHMED 33 yrs old father of 1 week ALI who is born at 24 weeks weighing 650 grams with many problems of renal failure , on high pressure ventilator , on inotropes and develop convulsion which difficult to control due to grade 4 bilateral IVH.

His mother in icu b/c complicated delivery.

TASK : EXPLAIN TO AHMED , ALI 'S CURRENT CONDITION AND THE POSSIBLE WITHDRAW OF CARE

Introduction:

- *Hii good afternoon.*
- *I am doctor Mohammed , neonatal registrar , one of the team looking after ur son ali.*
- *I Believe you are mr ahmed a father of ali . how do u do ?*
- *Doctor : (ice break) I feel deeply sorry to meet you in such sad and difficult circumstances. As your wife is still critical and in Intensive care unit , I hope for her best wishes , and your baby start his life with great problems and difficulties .*
- *Father : I hope so doctor.*
- *Doctor : (agenda of meeting) I am here today to update u about current condition of ali . and plan for which we will do for him . made arrangement so as no one will disturb us.*
- *Doctor : Do you want anyone to attend with you. It is welcome .*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor : (check previous knowledge) anyone told u about ALI condition ?*
- ***AHMED** : yes , I know my son since birth he is very critical , connecting to breathing machine , and received many drugs. I want to know more about his condition.*
- ***DOCTOR** : (explain agenda of meeting in detail) again I feel sorry to meet u in this difficult circumstances, actually ali is delivered v. early than expected and his weight is v. small . and develop many problems affecting his brain , lungs , heart , kidneys and gut. and his body no longer able to fight with maximum treatment.*
- ***AHMED :** oh my god , u see my wife suffering and my baby in critical situation, why you are not give him treatment to make him alife ?*

- ***DOCTOR :*** *I know this difficult time for u. but unfortunately with all our effort to help ur baby by giving him maximum supportive measures to his lungs by evacuating the air surround his lungs , and with maxiumum setting of breathing machine the lungs fail to work . and supportive drugs for the heart but without positive effect . am I clear so far ?*
- ***AHMED :*** *yes doctor , continue doctor.*
- ***DOCTOR :*** *and there is much bleeding in his brain and kidney not function well. So because of this multisystem failure his condition not coping with life*
  and seen by neonatology consultant who decide to stop all supportive treatment which include disconnect from breathing machine as well as other supportive drug to the heart.

- ***AHMED*** *: . but doctor I want to give him chance b/c I heard stories like this and their baby survive.*
- ***DOCTOR :*** *I respect ur opinion mr. ahmed but as I told u ali is seriously unwell and his body no longer able to fight , and no hope for him. And continuing intensive care may just prolong his suffering.*
- ***AHMED :*** *how u will stop this , first u will stop machine or drugs? Is he feel pain when u stop these .?*
- ***DOCTOR :*** *no he will not feel any pain , and we will stop medication first and then breathing machine , and if u wish u can hold him and stay some time with him . again I am so sorry to say this and my great condolsence to you and your family. We will also provide car to take you home after release of ali body*
- ***AHMED :*** *no doctor , I have car.*
- ***DOCTOR :*** *you have any question so far .*

Finalization: *when announcing 2 minutes left*

- *Again I feel this is difficult situation , and in brief as I told u ur baby is seriously unwell and no hope for him so after ur agreement , we will withdraw the breathing machine and other measures supporting him.*
- *Father : still I have hope for him.*
- *Doctor : I respect ur opinion but this decision of medical teamand my consultant*
- *and I will provide you written information, websites , and if u want to meet my consultant.*
- *if u want to wait for ur relatives.*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank ahmed and examiner.*

Refusal treatment (IV canula)

Scenario 9: *M.Beattie (136).*

Salman is 2years old needs IV canula with possible meningococus septicemia , his mother refuse canulation because she think he is well .

TASK : TALK TO MOTHER WHO IS REFUSING TO ALLOW AN F2 TO INSERT CANULA INTO AWELL 2 YRS OLD CHILD WITH PETECHIAL RASH , IMPORTANCE OF IV CANNULA AND THE RISKS OF THE PROCEDURE.

Introduction:

- *Doctor : (introduction) Hii good morning. Iam doctor Mohammed , pediatric registrar covering ER today .I Believe you are Mrs. aysha a mother of salman.*
  - *Mother : yes doctor , I am the one .*
- *Doctor : (ice break) how are you mrs Ayesha ? nice to meet you today .*
  - *Mother : I am fine doctor , nice to meet you too.*
- *Doctor : (agenda of meeting) actually today I am here to discuss some issue regading health of salman. Is it suitable time for you ?*
  - *Mother : yes doctor*
- *Doctor : (arrangement and a ttender) I had made arrangement so as no one will disturb us. staff nurse looking after salman will be with us.If u want anyone else to attend this meeting , it's welcome.*
  - *Mother : no , thank you doctor.*
- *Doctor : You are welcome and feel free to stop me and ask me any question.*

Body:

- ***Doctor*** *: (clarify the agenda of meeting) ok , mrs Fatima actually today I want to sit with you because it came to my knowledge that you are refusing to insert canula for your baby , am I right ?*
  - ***Mother*** *: yes doctor . I don't I want to insert for him canula.*
- *Doctor : (expolore her concern) could I know why you refusing ?*
  - ***Mother*** *: as you know my son is well and only he had skin rash and they want to insert for him canula through blood tube , I don't know why?*

- ***Doctor:*** *(**explain reason of IV canula)** I respect ur opinion your son is well now but can deteriorate at any time because as u mention ur son having skin spots which may be early sign of serious illness.*
  - *Mother : what you said doctor , serious illness ?*
- *Doctor : (explain importance 1 of iv canula) yes this skin spots may be early signs of serious illness and if deteriorate it difficult to insert at that time , which may be needed to give ivf and even antibiotics.*
  - *Mother : but my baby now stable .*
- *Mother : (continue importance 2 of iv canula) also canula is very important b/c enable us to take blood sample to know what is a problem of ur son .*
  - *Mother : ok doctor , take blood for investigation , but try not to keep it in place because it seems to be painfull.*
- *Doctor : (**reassure**) I appreciate your feeling , but I want to reassure you that it's just flexible tube and if in it's right place he will not feel pain from it.*
  - ***Mother** : but doctor , I heared a lot unwanted effects of canula .*
- ***Doctor:*** *(**explain the risk of the procedure and it's management**) yes you are right , but although iv canula having very rare unwanted effects but we will :*
  - ✓ *clean the area of before insertion so as to minimize infection.*
  - ✓ *Fix canula in its right place so as not removed by your baby or displaced.*

  - *Mother : ok doctor , but doctor they are trying many time and they fail .*
- *Doctor : (**continue risk and management**) ok , I appreciate your feeling , but as you know sometimes insertion of canula may be difficult and need more than one time but I want to reassure that we have experience medical and nurse staff which have good experience in canulla.*
  - *Mother : also doctor , he is very irritable and continuously crying .it's painful!!!*
- *Doctor : (continue risk and manage) yes , I appreciate your feeling , yes canulla is uncomfortable to the child but we will apply some topical analgesia , and we will distracting him during insertion by playing with him and give him some toys.*
  - *mother : no other alternative for this procedure ?*
- *Doctor : there is alternative , but they are complicated in comparison to iv canula.*

- *Mother : I don't want to do this iv canula.*

- *Doctor : (clarify her more concern) can I know please why you are insist refusing canulation?.*
  - *Mother : my baby is well and this procedure will make him uncomfortable .*
- *Doctor : (reassure) this ur right and I respect ur opinion , I want to reassure you that , this procedure is simple and done for many babies and as I indicated early this procedure is important for diagnosis and treatment.*
  - *mother : ok doctor give me chance to sit with my husband to take his opinon*
- *Doctor : definitely , u can take time to sit with ur family and take advice from them. but please we are waiting for your quick response.*

  Finalization: *when announcing 2 minutes left*
  - *At the end , I will again briefly tell u that ur son salman suspect having serious disease and need canulation both for diagnosis and management.*
  - *and also I can offer you another meeting with my consultant .*
  - *At the end thank mother and examiner.*

EDUCATION

Scenario 5 (necrotizing enterocolitis): *Rebecca page 189-190.*

Ahmed is 6th yrs medical student interested in pediatrics and neonatology , today joined your department . she want to know about NEC.

TASK : EXPLAIN TO AHMED WHAT IS "NEC" AND WHAT IS ASS. RISK FACTORS.

Introduction:

- *Hii good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *You know I am doctor Mohammed , neonatal registrar .*
- *I believe u are ahmed 6th year medical student who join our department recently.*
- *(Motivation) I am happy to sit with very keen medical student like u. whose interested in pediatric .*

- *(welcoming) welcome , and I hope you will enjoy working in our department. I am happy to sit with you today to discuss an important topic which u want know.*
- *And I made arrangement so as no one will disturb us .*
- *And also if u have any question , I will be happy to answer you.*

Body:

- ***DOCTOR*** *:(**clarify the agenda**) so can you please tel me dr. ahmed why u want to sit with me today?*
- ***AHMED :*** *doctor I heard this morning in the round one baby suffering from necrotizing enterocolitis, I want to know more about it.*
- ***DOCTOR :*** *(**check previous knowledge**) have you ever heard about NEC?*
- ***AHMED*** *: yes , the thing which I know it's a problem of preterm babies , and pt. may sometimes need surgical intervention. I have some idea but I want from you to explain in more details.*
- ***DOCTOR*** *: (**start to explain by drawing digram**) **before I will start** Please ahmed feel free and stop me If anything not clear .*
  ok , necrotizing enterocolitis is medical condition affect gut mucosa of premature babies , the cause behind this unknown , but they notice that there are 3 main contributing factors for this condition which are :
  - *1st one is hypoxic – ischaemic bowel injury which mean less oxygen reaching bowel mucosa.*
  - *2nd factor bacterial colonization which means invading of injuried bowel by bacteria.*
  - *And 3rd factor is early oral feeding of premature babies.*
- *(**recheck**) Are u following me dr. ahmed , so can u tell me what I explained to you so far?*
- ***AHMED*** *: repeat what doctor said.*
- ***DOCTOR :*** *(check) excellent doctor , but put in ur mind also there are other factors which may increase risk of necrotizing enterocolitis ,as you mention before premature is the risk factor do u know other risk factors ?*
- ***AHMED :*** *I think also blood transfusion.*
- ***DOCTOR :*** *what else?*
- ***AHMED :*** *this as long as I know 2 main factors blood transfusion and prematurity*

- ***DOCTOR :*** *(explain other risk factors) good , also umbilical vessel catheterization , congenital heart disease , polycythaemia , and some maternal drug use.*
- *(recheck) you know before 2 risk factors blood transfusion and prematurity , can you tell others risk factors which just I mentioned to you?*

- ***AHMED :*** *start to repeate what doctor said?*
- ***DOCTOR :*** *(check) v. good , have u any Idea how we can manage this condition ?*
- ***AHMED :*** *no I have n't any idea?*
- ***DOCTOR :*** *(explain management)*
  - ✓ *stopping enteral feeds ,*
  - ✓ *starting IVF and intravenous antibiotics ,*
  - ✓ *serial abdominal x-ray because we afraid from complications.*
  - ✓ *and if all these fail we can do surgical intervention.*
- *(recheck)Are you following me ? Now can u tell me how can manage this condition? .*
- ***AHMED :*** *repeat what doctor said. How we will diagnosed NEC.*
- ***DOCTOR :*** *(explain diagnosis) diagnosed with*
  - ✓ *high index of suspicion because premature is more susceptible to this condition . it 's suspected clinically " by temp instability , increase greenish aspiration of bowel e abdominal distension."*
  - ✓ *but often requires the aid of diagnostic imaging like abdominal x-ray.*
- ***AHMED :*** *how can we prevent this condition?*
- ***DOCTOR :*** *(explain prevention) we can prevent by :*
  - *Human milk protect against NEC.*
  - *Probiotics*
  - *Feeding protocols*
- *Ahmed : what complications we expected ?*
- *Doctor : (explain complication) these are :*
  - *Short bowel syndrome*
  - *Colonic stricture*
  - *Bleeding.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , I hope that I explain to you what u want to know about NEC , and in brief I will tell u what we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

N.E.C.

- ***Usually Occur IN: weigh<1500 g / premature /terminal ileum / With formula fed. 2^{ed} -- 3^{ed} week of life.***
- ***Main contrbuating factors:- prematurity / rapid enteral feeding,/ bacterial infection.***
- ***Other risk factor : PDA / postnatal steroids or indomethacin / maternal HTN, PROM / B. asphyxia / L.B.W. / IUGR / U.A.C., polycythaemia and R.D.S.***

C/F:-

(A)Triad of:-

1/Abdominal distension

2/Bloody stools

3/Pneumatosis intestinalis

(B)Temperature instability

(C)Features of sepsis.

(D)↓Na +↓PLT +↓Neotrophil + ↓fibrinogen +↓ P.H.

ttt:-

- ***(NPO) for 7-10 days (TPN) + antibiotic + close Monitoring if perforation .***

Misinterpretation/missdiagnosis

Case 6: critical incident – Rebecca page 152.

Trisha is 4 yrs old , seen in outpatient clinic 5 weeks ago for constipation . at that day your junior colleague suspect trisha having sanfilipoo syndrome b/c of coarse facial feature and + ve family hx. , so he request urine test to confirm or exclude the diagnosis. Mother asking about the result of urine test.

Task : to discuss the possible misdiagnosis with adoptive mother of trisha .

Introduction :

- *Hii good afternoon.*
- *I am doctor Mohammed , paediatric registrar working in this hospital.*
- *I believe you are Miss chelsea a mother of trisha .*
- *Welcome, And I would like to thank you for your coming today. I am here today to talk to you about trisha condition.*
- *With us today a nurse who has been involved in Jessica care. And if you want anyone else to attend this meeting , please tell me.*
- *I had made arrangement , so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: (check previous knowledge) what they told you so far about trisha condition ?*
- *Mother : 5 weeks ago when I came to clinic for constipation , one dr. told us trisha having abnormal features suggestive of condition called "mucopolysacridosis " , and request urine to confirm the diagnosis , I am very anxious since that day , and today I want to know the result .*
- *Doctor: (tell the incident) well , chelsea actually , yes your baby having features suggestive of this condition , but we cannot depened on urine test to confirm the diagnosis .*
- *Mother: what !!!!! are you serious , I am waiting for the result since 5 weeks ago , and now you told me this not confirmatory test?*
- *Doctor: (show empathy and 1st apologize) I appreciate this is difficult time for you , and* ***on behalf of staff taking care of your baby , I apologize for that mistake happen .***
- *Mother : ooh my god , why doctor say like this to me ?*

- *Doctor : (explain) well , you know your baby having features leading to suspection of the diagnosis told by the doctor , and also there is family history of the disease . and urine test is one of the test which support the diagnosis , but not confirm the diagnosis , is it ok for you .*
- *Mother: oohh , how this mistake happen in your department and now I want to know if my baby having this condition or not?*
- *Doctor: ( ) I realize this is difficult time for you , **we have system but you know a mistake sometime can happen** . you know our jounior doctors are still new in department and not oriented well with our system . because we have clinical suspicion , we will refer your baby to the doctor of gene who will decide .*
- *Mother: really I am very disappointed. Doctor I want to know the name of doctor who told me this ?*
- *Doctor: (not disclosure information) I appreciate your feeling , and I understand your anger . **actually this not fault of one person** , and in addition I am not in position to tell you the name .*
- *Mother : if this occur today to my baby may occur tom to other baby.*
- *Doctor : (prevention from occurance in the future)yes you are right mrs Chelsea , we will try to made arrangement in our hospital to avoid this from occurance in the future.*
- *Mother: can u tell me doctor what is this condition ?*
- *Doctor : (explain mucopolysacridosis) is condition due to deficiency of substance called " enzyme " and due to this def. lead to acumalation of substance which causing harm ful effect to many organ in the body.*
- *Mother : from where trisea get this condition ?*
- *Doctor **: it is inherited disease , which mean run in family.***
- *Have u any q. ?*

Finalization: *when announcing 2 minutes left*

- *So , miss chelsea , **again I apologize** for misinterpretation , that inappropriately urine anylasis requested for your baby trisha which is not confirmatory test , but trisha need to be refered to gene doctor so as to confirm the diagnosis .*

- *and I will provide you leaflet and websites for more information.*
- *and also I can offer you another meeting with my consultant .*
- *Have you any more questions?*
- *At the end thank mother and examiner.*

Scenario *rebbeca page 225 : discontinuation of breast feed in sick neonate.*
Back ground information *: gill firth senior midwife and breast feeding liaison, she is angry because 5 day old baby will be interrupted his breast feeding and distrupts the mother – baby bond , because he will be shifted to nicu because of refused feed and jaundice .*

Task *: please discuss with gill what her concern are , and how they can best be resolved.*

INTRODUCTION *:*

- ***DOCTOR*** *: (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed neonatal registrar working in this hospital , I think I met you before you are gill firth senior midwife .*
  - ***MOTHER*** *: yes you are right.*
- ***DOCTOR*** *: (ice break) nice to meet you miss gill thank you for your coming today . how is the work in the unit.*
  - *Mother : it's my pleasure , nice to meet too.*
- ***DOCTOR (AGENDA OF MEETING)*** *I understand that you have some concerns , I am here today to address your concern regarding 5 days old baby and how they can best be resolved , I had made arrangement nobody will interrupt us. If you want anybody else to attend with you its well come.*
  - ***MOTHER*** *: doctor really I am very worry about disrupts the mother- baby bond.*

BODY :

- ***DOCTOR*** *: (clarify her concern) do you have any idea about the health of this baby ? .*
- ***MOTHER*** *: actually , one doctor advice to shift the baby, because he is jaundice , to nicu , but I am very worried and upset for that .*
- ***DOCTOR*** *: (check previous knowledge) I appreciate your concern and you are right breast feeding and bonding is important , but as you mentioned baby shifted to nicu because he has some health problem like jaundice and refusal feeding and in this situation we are weighing dis advantages of inturupt breast feeding and advantages of treating his health problem. Have you an idea what are causes behind jaundice and refusal of feeding and their effects if left untreated ?*
- ***MOTHER*** *: actually I know it's health problem but I am worry about break bonding .*
- ***DOCTOR :*** *(explain importance of shifting baby to nicu) you know level of jaundice if reach high level may reach the brain and damage cells there. And for refusal of feeding may be many causes behind like sepsis , cardiac or metabolic problem which are all dangerous to the life of baby , for this we need shift baby to NICU for close monitoring and for more workup to know the cause and start treatment accordingly . you are not agree with me ?*

- ***MOTHER*** *: yes doctor I agree with you , but I am very worry to disturb baby- mother bonding , no other alternative doctor rather than shifted to NICU. Like to treat baby near mother for example .*
- ***DOCTOR*** *: (suggest other alternative) ok , I appreciate your concern and really I appreciate your caring for the baby. No way to manage baby beside mother baby need close monitoring and need connection to monitor . but I can suggest mother can frequently visit him and can express his breast milk and we will give through nasogastric tube .*
- ***MOTHER*** *: ok doctor.*

Finalization :

- *Now in brief let us to go through important points which we discuss .*
- *I will offer to you written information regarding breast feed*
- *I will give you another appointment to f/up.*
- *I will give you contact no of supporting group.*
- *Check her understanding*
- *Have you any more concern.*
- *Thank you*

EDUCATION

Scenario 6 (breast feeding): *Rebecca page 191.*

Ahmed is 4yrs medical student interested in pediatrics and neonatology , today joined your department . she want to know about infant feeding .

Task : explain to ahmed feeding of term infants, primarily concentrating on promoting of breast feeding .

Introduction:

- *Doctor : Hii good morning. Ahmed .are u fine?*
  - *Ahmed : I am fine.*
- *Doctor : (introduce yourself)You know I am doctor Mohammed , pediatric registrar .*
- *I believe I am taking to ahmed 4th year medical student who join our department recently. Am I right ? how you find study medicine?*
- *Ahmed : yes doctor . I am interested in pediatric .*
- *Doctor : (welcoming and Motivation) welcome , and I hope you will enjoy working in our department. I am happy to sit with very keen and enthusathitic medical student like u. whose interested in pediatric .*

Body :

- *Doctor : (clarify the role) as I know you missed lecture last week about infant feeding . that is why I am here today to discuss feeding of infant , e concentration on breast feeding.*
- *Ahmed : yes , doctor .*
- ***Doctor :*** *(**check previous knowledge**) yes , definitely ahmed , today we will discuss advantage/disadvantage of breast milk both for baby and mother , and ways of promoting breast feeding . but first let me to know what you know about breast feeding ?*
- ***ahmed*** *: yes , the thing which I know , breast feeding better than formula milk .*
- ***doctor*** *: ok , good , breast feeding is best nutrition for babies , and WHO recommended exclusive breast feed in first 6 month of life .have you ever heard about advantages of breast feeding over formula feeding? .*

- ***ahmed :*** *I have little information.*
- ***Doctor : (explain advantages of breast feeding to the child)*** *yes very good ,* ***Please ahmed feel free and stop me If anything not clear .***

  The advantages of breast feeding are :
  - ***Good bonding b/w baby and mother.***
  - ***It is cheap , free and available and sterile without prepration , not like formula milk.***
  - ***Give immunity against infections , found that breast feed infant have lower rates of otitis media , lower respiratory infections , and few episodes of gastroenteritis.***
  - ***Also breast feeding appear to be protective against eczema and asthma. and also confers protection for both type 1 and 2 DM. in the future.***
  - ***As well as many studies shown breast feed to be protective against sudden infant death.***
  - ***Also breast fed have positive effect on general inteligance.***
  - ***Decrease incidence of obesity comparing to formula milk.***

  Are you following me ahmed ? shall I continue ?

- ***Ahmed :*** *yes , sure.*
- ***Doctor*** *: all these above advantages to the child , have you any idea about advantages to mothers.*
- ***Ahmed*** *: no doctor .*
- *Doctor (* ***explain advantages of breast milk to mother*** *)****:*** *advantages of breast feeding to the mothers* ***:***
  - ***Reduce incidence of type 2 DM , metabolic syndrome , and cardiovascular disease.***
  - ***Moreover , it appears to reduce incidence of premenopausal breast cancer and ovarien cancer.***
  - ***Natural conraceptions to mothers , as you know some time other way of contraception have many problems.***
- ***(recheck)*** *Are u following me dr. ahmed , so can u tell me what I explained to you so far?*
- ***Ahmed*** *: repeat what doctor said. What about disadvantages of breast milk ?*

- ***Doctor*** *: (explain disadvantages of breast milk to child) ok , I will explain to you disadvantages and problems of breast milk :*
    - *Breast milk is contain less vit d , so supplement of vit d is recommended to all breast fed infant.*
    - *Transmission of HIV from mother and baby , we reduce the transmission by giving baby and mothers drugs against HIV infection. And we can stop breast feeding. Also other infections can be transmitted through breast feeding is niesseria , HIB , streptococcus , and staphylococcus. and TB.*
- *Ahmed : any other problems to breast feeding*
- *Doctor : (explain problems face mother during breast feed) yes like*
    - *Mastitis / abscess of breast tissue*
    - *Cracked / sore nipples is common problems during first week , which can be solved by using different feeding position , olive oil can help also.*
    - *Thrush and breast feeding , can be treated the nipple surface and mouth of baby.*
    - *Breast engorgement due to congestion of breast blood vessels make the nipple inverted inside and difficult feeding for the baby, this relief by express milk manully , and by alternate warm and cold shower.*
    - *Insufficieny milk / hungery baby : frequent feed , adequate fluid intake and good nutrition can help maintain good milk supply.*
- *Are you following me , from all above discussion I think you agree with me that breast feeding is v.important , so our role to promote breast feeding , have you any idea how to promote breast feeding ?*
- ***Ahmed*** *:no , doctor .*
- ***Doctor :*** *(explain ways of promoting breast feeding) ways of promoting breast feeding like :*
    - *Should begin in 1hour after delivery.*
    - *Bottles and pacifier should be avoided.*
    - *Educate mothers and give her support confidenace and encouragement for successful breast feeding.*
    - *Using posters .*
    - *Explain importance of breast feeding in social media.*

- *Arrange small sessions about importance of breast feeding.*

Now can you summarise for me what you understand from this meeting.

Finalization: *when announcing 2 minutes left*

- *Breast feeding is big topic , but in brief we will go through the points which we discussed about breast feeding.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, trust websites*
- *I will arrange meeting with breast feeding co-ordinator for further information.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

TASK : talk to parent of Fatima 14 yrs of age (refusing treatment of leukaemia following his grand father death) and discuss the options for treatment of their daughter (rebecaa 167)

Introduction:

- *Hii good morning.*
- *I am doctor Mohammed , pediatric registrar . working in teenage oncology unit.*
- *I believe I am talking to fatima's mother .*
- *Doctor : (ice break) How do you do ? and how is Fatima health?*
- *Mother : not good as she diagnosed as having leukaemia and refusing treatment . we are very about him.*
- *Doctor : (agenda of meeting) I appreciate your feeling and I feel sorry for that . and I am here today to discuss refusal of Fatima treatment of leukaemia and let you know that what other options , if still insist refusal treatment. Is it suitable time to discuss this.?*
- *Mother : yes doctor , no problem.*
- *You are welcome and feel free to stop me and ask me any question.*

Body :

- *Doctor : (check concern) so please can you tell me what you think fatima's worries and concerns regarding treatment of leukaemia , let her refusing treatment ?*
- *Mother : she is fear b/c death of his grandfather , because of lung cancer inspite of receiving intensive treatment so she think the treatment of no benift and end is the same.*
- *Doctor : (reassure) ok , I appreciate this , but the case here is different as you know now days advance modalities of treatment and over whole outcome of leukaemia among young is better than lung cancer among elder. So opinion of the medical staff caring for her is that the best thing for her to start treatment as soon as possible.*
- *Mother : ohh doctor this good news , but also I think she is worry about side effects of medications.*
- *Doctor : (be honest and clear) I know this difficult situation for you and I agree with you anti-cancer medications have many unwanted effects. But we must weighing things between advantages and disadvantages of treatment. You know what will happen if remain untreated ?*
- *Mother : no*
- *Doctor : (explain danger of not take medications) I feel sorry to tell you that , if not take medications , many problems can happen , she will be at high risk of infection , her Hb and platelets will be very low leading to anaemia and bleeding , the cancer will spread to other vital organs like brain and lung , and this will result in organ failure and death.*
- *(reassure) but I want to reassure you that we are all here to support you and Fatima , so regarding unwanted effects of medications can be minimize by using new modulaties of treatment and new protocol for treating leukaemia decrease dose of drugs that causes*

serious side effects , and by frequent f/up of blood , kidney and liver functions., in adition we are specialized centre to deal with any side effects appear.

- *Mother : can you tell me doctors about these unwanted effects and how you cenre deal with it ?*
- *Doctor : yes , sure*
- *Mother : what about hair loss , doctor , she is still young ?*
- *Doctor : (reassure) regarding hair loss it's transient problem and after finish treatment her hair regrow again.*
- *Mother : what will happen if refuse take medications ?*
- *Doctor : (check previous knowledge) I know this difficult time for you , before I answering you , first let me know who talked to Fatima so far about this point ?*
- *Mother : no body talk to her.*
- *Doctor : (suggestion of solution of problem) ok , so :*
    - *first let me talk to her alone , I will trying to convince her .*
    - *Also I can give her chance to discusswith other young people in the unit may offer her some support and reassurance .*
    - *If Fatima built rapport with any of the doctors or nurses on the unit , also will help to convince her.*
    - *we will take help and advice of psychologist.*
- *Mother : if also this fail.*
- *Doctor : (last options) if she continue refusing we can get permission to treat her from court because legally she is still 14yrs and has no right to refuse treatment (according to concept of " gillick competence") , but I hope that we will convince her. Is it clear so far .?*

- *mother : yes , but I am still very worry about her health.*
- *Doctor : (reassurance) I know it's very difficult situation for you , But I want to reassure you that you are not alone , and you are not the only parents faced the same situation. The multidisciplinary team will support you as family.*

Finalization :

- *In brief let us go through point which we discuss regarding refusal of Fatima treatment of medications , and what are options to convince her*
- *I will arrange meeting with my consultant , and with psychiatric consultant for more discussion .*
- *I can offer for you websites , and leaflet to know more about your condition.*
- *Any more questions or concern.*
- *Thank you.*

Breaking bad news

Scenario 28 (kawasaki disease): *mb page 144*

Wafa is amother of nada 3 years old girl , which diagnosed as having kawaski .

TASK : EXPLAIN TO MISS WAFA WHAT IS IMPLICATIONS OF KAWASKI

Introduction:

- *Doctor : (introduction) Hii good afternoon. I am doctor Mohammed , pediatric registrar , one of the team taking care of ur child.I believe you are miss wafa a mother of nada .*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) thank you for your coming today and nice to meet you .*
  - *Mother : nice to meet you also.*
- *Doctor :(agenda of meeting) I am here today hopefully to help you understanding nada's condition.*
  - *Mother : yes doctor.*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. If you want anyone to attend with us it's welcome.*
  - *Mother : no thank you doctor.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor : (check previous knowledge of mother) what they told you so far about nada's condition?*
  - ***MOTHER** : actually nada came with fever and they diagnose her with something not clear for me. I want to know what might be the cause behind her illness?*
- *Doctor : (agenda of meeting/ previous knowledge of kawaski) I am here today to explain to you condition of your baby called "kawaski disease" , did you heared about this disease ?*
  - *Mother : no first time I heared this .*
- *Doctor : (explain what is kawaski) Kawasaki disease is an uncommon condition that mainly affects small blood tubes in children aged under 5 years. It causes various symptoms throughout the body .*

  The symptoms seem rather like many common infections. However, it is not catching (contagious). It may be an unusual or severe reaction to a common virus that usually causes little or no harm to most people. But, no specific serious virus or other germ has been proved to cause this disease.

  so can you tell me when u brought nada to the hospital what is ur main concern ?

- ***MOTHER :*** *my main concern is temp start to increase , along with skin spots and also I notice big swelling in the neck.*

- *Doctor : (explain diagnosis of kawaski) these symptoms u mention in additional to other symptoms will help in diagnosis of kawaski actually to diagnose kawaski we must have increase in body temp for more than 5days plus 4 out of the following criteria*
    - ✓ *Skin spots*
    - ✓ *Redness of both eyes without discharge.*
    - ✓ *Changes in the mouth such as red tongue and dry crackled lips.*
    - ✓ *Changes in feet or hands such as swelling or redness.*
    - ✓ *Swelling of the glands in the neck.*

Are u following me mrs wafa ?

- *Mother : yes doctor but my daughter have no all these features .*

- *Doctor : (explain incomplete kawsaki) yes you are right , if all these features present we will called complete kawaski , if only 3 out of 5 of these criteria present like what nada having is called "incomplete kawaski".*

- ***MOTHER*** *: yes , I get your point Any lab test confirm diagnosis ?*

- ***DOCTOR :*** *(explain tests and sample doing for kawaski) no specific blood test to confirm the diagnosis . but we can do some test like :*
    - ✓ *Blood test which support the diagnosis*
    - ✓ *Imaging heart to r/o effect of the disease on the heart.*

- ***MOTHER :*** *can u tell me doctor what is the cause ?*

- ***DOCTOR :*** *(explain cause of kawaski)actually defence mechanism of the body start to attack his own blood tubes for unknown reason, or sometime as response to germ like some viruses .*

- *Mother : how can you help my daughter ?*

- ***DOCTOR :*** *(explain management of kawaski) we will immediately start treatment for her which include :*
    - ✓ *Medicine which given through blood tubes which strength the defence mechanism of our body called "immunoglobulin ". and it's very important because decrease incidence of cardiac complications*
    - ✓ *And large dose of aspirin given by mouth.*

AM I CLEAR UP TO THIS POINT ?

- ***MOTHER :*** *yes doctor. But I heard aspirin having unwanted effects for children , so I don't want to use it.*

- ***DOCTOR :*** *I respect ur opinion but if we are not using aspirin , the disease may affect the heart of ur baby. And only at the beging we are using high dose until fever subside , then we are using low dose for 6 weeks after onset if no heart complication " if no aneurysm".*

- ***MOTHER :*** *what are complication of kawaski*

- ***DOCTOR :*** *(explain complications of kawaski)*
  - ✓ *the most important and serious is cardiac complications*

  Without treatment, about 1 in 5 children who have Kawasaki disease develop inflammation of the blood vessels to the heart (coronary arteries). This can cause a swelling of a section of an artery, which is called an aneurysm.
  - *Mother : what about outlook of kawaski ?*
- *Doctor : (explain outlook) Without treatment, most children make a full recovery but complications develop in some cases. With early treatment, complications are much less likely to develop.*

  Repeat heart scans are usually advised over several weeks. If the heart scan is normal at 6-8 weeks after symptoms began then long-term heart problems are thought to be unlikely. Long-term follow-up (such as an annual check-up) may be advised if an aneurysm was detected, as the long-term effect on the heart is not yet fully known.

Finalization: *when announcing 2 minutes left*

- *I feel sorry again miss wafa , and in brief I will repeat for u what we just discuss about kawaski disease , Kawasaki disease is a disease of young children that causes a high temperature (fever), a rash, and other typical symptoms . Most children recover fully but serious complications develop in some cases. Early treatment can prevent complications.*
- *I will provide you written information, websites.*
- *and also I can offer you another meeting with my consultant. And* ***I will refer you to doctor of heart for f/up.***
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

EDUCATION

Scenario 7 (pader willi syndrome)*: Rebecca page 193.*

Ahmed is FY1 doctor interested in pediatrics , who just started a 4 month attachments in pediatrics. she want to know about prader willi syndrome.

TASK : TALK TO AHMED ABOUT " PRADER WILLI SYNDROME" .

Introduction:

- *Hii ahmed good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *I think You know me I am doctor Mohammed , pediatric registrar .*
- *Dr Ahmed I think you join our department recently.*
- *(welcoming) welcome , and I hope you will enjoy working in our department.*
- *Doctor : (ice break - Motivation) I am happy to sit with very enusthusastic and keen doctor like u. whose interested in pediatric*

Body:

- ***DOCTOR** : so can you please tell me dr. ahmed why u want to sit with me today?*
- ***AHMED** : doctor I heard this morning in the round one baby suffering from prader willi syndrome , I want to know more about it.*
- ***DOCTOR** : (clarify role) yes , definitely dr. ahmed , today we will discuss genetics , clinical features and prognosis of prader willi syndrome.*
- *(**check previous knowledge**) but first let me know , have you ever heard about prader willi syndrome?*
- ***AHMED :** I have no idea. First time to see prader willi syndrome.*
- ***DOCTOR :** (explain what is prader willi syndrome) now I will try to explain **what is prader willi syndrome** , and please if any point not clear, or I am too fast , I will be happy to stop me at any time.*
- *Prader-Willi syndrome (PWS) is a complex genetic disorder characterised by hypotonia and developmental delay as an infant . while obesity, learning disability and behavioural problems (especially relating to food) in adolescence and adulthood.*
- *(draw)As you know normal people inherit one copy of any chromosome from each parent .(chromosome composed of two allel each allel from one parent).*
- *In PWS there is loss of function/missing of gene in especial area in chromosome 15 of the father (this why the same area in mother chromosome become inactive) due to one of the following :*
  - *Deletion or missing of the genes in long arm of chromosome 15 came from father (occasionally a result of translocation.) These are the majority.(70% of cases of prader willi syndrome).*
  - *When both copies of chromosome 15 came from mother this called "Maternal uniparental disomy 15" caused by chromosomal non disjunction . 25% of cases.*
  - *A defect in the imprinting process in chromosome 15 on the paternally inherited chromosome.*

- *If the opposite occur that is to say , maternal deletion or paternal uniparental disomy, causes Angelman's syndrome. Are you following me dr. ahmed ? is it clear up to this point .*
- *Ahmed : yes doctor , continue.*
- *Doctor : do you know what are clinical features of this syndrome ?*
- *Ahmed : no*
- *Doctor : (explain clinical features) features divided into two stages :*
    - *Neonatal or infantile stage present with*
        - ✓ *central hypotonia with a poor suck. This gradually improves with age.*
        - ✓ *Feeding problems and failure to thrive.*
    - *2nd stage become apparent from 12-18 month with :*
        - ✓ *Excessive weight gain between 1 and 6 years of age. Due to hyperphagia e excessive appetite.*
        - ✓ *Hypogonadism – (genital hypoplasia and/or delayed or incomplete gonadal maturation) and Cryptorchidism is common.*
        - ✓ *Developmental delay*

- *Doctor : they have also additional features , have you an idea what are they ?*
- *Ahmed : no*
- *Doctor (explain clinical features)*
    - *Characteristic facial features (narrow forehead, almond-shaped eyes, triangular mouth , etc).*
    - *Short stature and obese .*
    - *Small hands and feet.*
    - *Fair skin and light coloured hair.*

- *Ahmed : can you tell me how can be diagnosed ?*

Doctor : (explain diagnosis of prader willi syndrome) diagnosis is

- *DNA methylation analysis and fluorescent in situ hybridisation (FISH) techniques looking for deleted part of chromosome 15 . can diagnose PWS in all three types of PWS*
- *Is it ok till this point , can you repeat this for me?*

***AHMED** : repeat what doctor said. What about management ?*

***DOCTOR :** (explain management) in management we need inputs from different professional include :*

- *Input from a paediatric gastroenterologist, endocrinologist, psychologist, psychiatrist, dietician, occupational therapists, speech therapists, exercise advisors and orthopaedic consultants may be helpful.*
- *Drugs like Growth hormone , Appetite suppressant . Long-acting octreotide(reduces ghrelin secretion) , Haloperidol and fluoxetine are sometimes effective.*

- *Ahmed : what about prognosis ?*
- *Doctor : (explain prognosis) Obesity-related cardiovascular and respiratory disorders are the most frequent causes of death in children and adults.*

Additional questions may be asked :

- *Doctor (explain complications) complications include:*
  - *Sleep apnoea (obstructive, central or mixed) - even where obesity is not a problem.*
  - *Scoliosis, kyphosis.*
  - *Osteoporosis.*
  - *Hypothyroidism.*
  - *Gastroparesis.*
  - *Type 2 diabetes.*

- *Doctor : (**recheck**) now can you repeat for me ?*
- *Ahmed : repeat what doctor said. Did pt. having normal intelegance ?*
- *Doctor : (explain level of intelegence and behavioural problem) actually they have mild-moderate intellectual disability , and also have behavioural problems like temper tantrum and obsessive compulsive disorders.*

Finalization: *when announcing 2 minutes left*

- *This outlines of prader willi syndrome , I think we have no time to cover it all in one section . I hope that I explain to you what u want to know about digeorge syndrome , now in brief we can go through the point which we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Information delivery

Scenario 18: *MARK BEATIE 139.*

TASK : TALK TO THE DEMI ' S 14 YRS OLD GIRL WITH CYSTIC FIBROSIS ABOUT THE NEED FOR (HER FIRST) ADMISSION TO HOSPITAL FOR IV ANTIBIOTIC .

Introduction:

- *Doctor : (introduction) Hello good afternoon .I am doctor Mohammed , pediatric registrar , one of the team working in this hospital and taking care of you . I believe I am talking to demi. 14 yrs old.*
  - *Demi : yes I am the one .*
- *Doctor : (ice break)I would like to thank you for your coming today.*
  - *Demi : thank you doctor.*
- *Doctor : (role of meeting) I am here today hopefully to help you to understand your condition.*
  - *Demi : I hope so .*
- *Doctor : (arrangement and attender)I had made arrangement so as no one will disturb us. If you want anyone to attend with you this meeting , It's welcome .and feel free to stop me and ask me any question.*
  - *Demi : ok doctor.*

Body:

- ***Doctor****: (previous knowledge of agenda) do you know why I want to sit with you today ?*
  - *demi : actually they diagnosed me as having cystic fibrosis and I must admitted to hospital . but I don't like to be admitted .*
- ***Doctor: (agenda / checking previous knowledge)*** *yes exactly today I am here to explain to you importance of admission in your condition CF. , but let me to know what you know so far about CF ?*
  - ***demi****: what I know is that CF in inherited disease which cause chest problem .*
- ***Doctor: (start to explain patho physiology of CF by drawing diagram)***

  Ok, you are right CF is inherited disease which mean can run in family. In CF is abnormal building block " gene" which affect normal secretion of water and salt in many organ in the body , like breathing organ called lung , and also pancrease which is organ in tummy releasing substance for food digestion. So on these organs the secretion become thick . which lead to your lungs invaded by bugs , and your food not digested well.

  Are you following me demi , can you tell me what you understand so far.?
  - ***demi*** *: but why I must admitted ?*
- ***Doctor****: (explain the main rational behind admission of demi) I appreciate your feelings , but I want from you to know me and all staff here trying to do our best to help you.*

Actually individual e CF as indicated early is more prone to have different bugs , so need hospital admission because in need for :

- ✓ ***frequent anti bugs drugs given through blood tubes ,***
- ✓ ***as well as intensive chest physiotherapy to get rid of viscous secretion so as to improve function of lung. And sister will educate you also how you will do this physiotherapy at home.***
- ✓ ***Doctor of diet also will tell you what are good food for you.***

- ***Demi : I can insert canula and go and come .***

- ***Doctor : (explain the need for isolation and insertion of central line also) actually , that is not all but also need to be admitted in separate room during the this period , because as you know there is possibility you can pass bug from one to another if you stay with other*** *in the same place. So for benefit of you , we isolate you so as not to get another harmful bug and also to prevent others from getting the bugs which you had .*
  In addition you need to insert central line , because you know this long life disease and may you need every 3 month anti bugs medication , *Am I clear up to this point.*
  - *Demi : yes doctor . what about my life expectancy ? I read in the web that there is gene therapy and stem cell therapy . what do you suggest ?*
- *Doctor : (explain new treatment / referral to doctor of gene and social worker) actually you are alright these treatment you mention give great hope for people who suffering CF. but I will discuss in more details with my consultant and I will reply you soon. As well I will arrange meeting with social worker and doctor of gene.*

Finalization: *when announcing 2 minutes left*

- *Now we will go in brief through point which already we discuss I want to explain what is CF and why your daughter admitted and put in isolated room.*
- *and at the same time I will provide you leaflet, written information , and contact with CF support group.*
- *and also I can offer you another meeting with my consultant.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Difficult conversation

Scenario 7: *Rebecca page 227--Cystic fibrosis.(to nurse – non jargon).*

Mathew is 15years old is K/C of CF . his school nurse mr-bennet has concerned about both his attendance and behavior at school.

TASK : MEET MRS BENNET (SCHOOL NURSE) AND ADDRESS HIS CONCERNS ABOUT MATHEW .

Introduction:

- *Doctor (introduce yourself /to whom you talk): Hii good morning.Iam doctor Mohammed , pediatric registrar , one of the team working in this clinic .I believe I am talking to Mrs. bennet (mathew's school nurse) .*
  - *Nurse : yes , I am .*
- *Doctor : (ice break and clarify agenda of meeting) how are you , nice to meet you today. I understand that you have some concerns regarding mathew's condition , would you like to discuss these concerns?*
  - *Nurse : yes doctor.*
- *Doctor : (arrangement for meeting)I had made arrangement so as no one will disturb us. If you want anyone to attend with you this meeting*
  - *Nurse : no thank you.*

Body:

- ***Doctor**: can I know your concern ?*
- ***Nurse** : actually I am concern about his attendance school not full , sometimes absence , and also his behavior at school . I want to know what wrong with him*
- ***Doctor: (checking previous knowledge)** what you know so far about Mathew health?*
- ***Nurse** : yes , I know that has condition called cystic fibrosis. But I don't know more about this condition*
- ***Doctor: (start to explain patho physiology of CF by drawing diagram)** today I will explain to you what is cystic fibrosis , management , prognosis and impact of on pt. , his family and school . welcome and feel free to stop me and ask me any question.*

- *Ok, CF is inherited disease which mean can run in family. CF occur due to abnormal or faulty gene which affect normal secretion of water and salt in many organ in the body like lungs lead to frequent wheeze chest and become more liable to frequent chest infection , and also affect pancrease which is secrete enzymes responsible for food digestion , So lead to frequent loose stool due to malabsorption. Are you following me mr. bennet , can you tell me what you understand so far.*
- ***Nurse** : yes , I am following you , but why frequent absence of school ?*
- ***Doctor**: (explain management of CF)*
  ***Actually CF is lifelong disease** , and till now it's incurable disease , but pt can be helped by giving him regular course of antibiotics every 3 to 4 months to act against bacterial infection , and need daily physiotherapy of the chest so not allow thick secretion to accumulate in lungs , and pancreatic enzymes , . Am I clear up to this point.*
- *nurse : yes.*
- ***Doctor: do you have other concern ?***
- *Nurse : yes also I noticed his behavior with his peers is aggressive , and his academic progress not good.*
- *Doctor: (impact of CF on school)*
- *nurse : doctor , .*
- ***Doctor:.***
- *Nurse : Mathew is now 5 yrs old , what about her life expectancy ? I read in the web that there is gene therapy and stem cell therapy . what do you suggest ?*
- *Doctor : (explain life expectancy and new treatment) actually you are right these treatment you mention give great hope for people who suffering CF. but I will discuss in more details with my consultant and I will reply you soon.*
- *before, most babies born with cystic fibrosis only survived for a few months or years. Today, With optimal care and treatment, it is estimated that many of today's children with cystic fibrosis should live into their mid 40s or 50s. With treatment, most people with cystic fibrosis can live reasonably normal and productive lives.*

Finalization: *when announcing 2 minutes left*

- *Now we will go in brief through point which already we discuss , we know CF is life long condition and no cure for it till now*
- *and at the same time I will provide you leaflet, written information , and contact with CF support group.*
- *and also I can offer you another meeting with my consultant.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Ethical delima

Scenario 7 : withhold life sustain treatment and organ donation : *Rebecca page 169-170*

AHMED 33 yrs old father of 3yrs ALI who have RTA and admitted in ICU , but inspite of intensive treatment , two consultant confirm that he is brain dead . they are waiting for relatives to arrive before switching off the life support machine.

TASK : EXPLAIN TO AHMED , ALI 'S CURRENT CONDITION AND THE POSSIBLE WITHDRAW OF CARE AND RAISE THE ISSUE OF ORGAN DONATION.

Introduction:

- *Hii good afternoon.*
- *I am doctor Mohammed , pediatric registrar , one of the team looking after ur son ali.*
- *I Believe you are mr ahmed a father of ali .*
- *I had made arrangement so as no one will disturb us.*
- *Doctor :(ice break) I feel deeply sorry to meet you in such sad and difficult circumstances.*
- *Doctor : (clarify role) I need to talk to you about sensitive issue regarding ali condition.*
- *Do you want anyone to attend with you. It is welcome*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor : (explain agenda of meeting) Actually today I want to update u about ali 's condition , and talk about organ donation of ali to other pt.*
- ***AHMED** : what !!!! yes , I know my son since admission he is very critical , connecting to breathing machine , and received many drugs. But no one talk about organ donation.*
- *Doctor : (check previous knowledge)do you heard about organ donation before?*
- *Ahmed : no I have no idea .*
- *Doctor : (explain what is organ donation) this operation is well known worldwide , and must popular organ can be donate is vital organ like heart , liver , kidneys. Am I clear so far ?*
- *Ahmed :yes doctor , but you know my son brain is dead how can donate organ ?*
- *Doctor : although his brain is dead but still vital organ can work for few days. and you know he is connecting to breathing machine so by this way we supply these organs by O2 which let them survive.*
- *Ahmed : but , I am worry doctor these organ donation , may harm my baby ?*

- ***DOCTOR***: *(importance of donation) again I feel sorry to meet u in this difficult circumstances, actually ali condition is v. critical , and his body no longer able to fight with maximum treatment. And so we think to donate his organ to save live of other pt. who suffering for long time. To give hope of other , may be you see heart of your baby beating in other baby , and other children who blind and will see because of your baby donation.*
- ***AHMED***: *I know doctor , but it is difficult as parent to decide*
- *Doctor : yes I appreciate your feeling , I know this difficult time for u, but decided by 2 consultant his condition not coping with life. And best thing for him to donate his organ. But this your own personal decision and no pressure will put on you.*

- *Ahmed : I dislike donation ,I afraid this may disfigure the body of my baby ?*
- *Doctor : this operation will be done in operation room , with respect to body we will not disfigure body of your baby.have you any more concern.*
- *Ahmed : ok , but realy we want time to think about that*
- *Doctor : definitely you have your own time , discuss the issue with your family , and also I will arrange meeting with our transplantation team for more information.*
- ***AHMED :*** *I want to enter inside to see him.*
- ***DOCTOR :*** *yes ur right to see him , and also I will offer opportunity for religious services.*

Finalization: *when announcing 2 minutes left*

- *Again I feel this is difficult situation , and in brief as I told u ur baby is seriously unwell and no hope for him so after ur agreement , we will withdraw the breathing machine and other measures supporting him , and we will donate his organs.*
- *and I will provide you written information, websites , and if u want to arrange another meeting with my consultant.*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank ahmed and examiner.*

EDUCATION

Scenario 8 (screening test of down syndrome): *Rebecca page 195.*

Ahmed is 3th yrs medical student interested in pediatrics , today joined your department . she want to know about SCREENING TEST OF DOWN.

TASK : EXPLAIN TO AHMED BASICS OF SCREENING TESTS AND ALSO WHAT IS INVOLVED IN SCREENING FOR DOWN SYNDROME.

Introduction:

- *Doctor : Hii ahmed good morning. are you fine ?*
  - *Ahmed : I am fine.*
- *You know me I am doctor Mohammed , pediatric registrar .I think you are ahmed join our department recently. am I right?*
  - *Ahmed : yes doctor.*
- *Doctor : (welcoming) welcome , and I hope you will enjoy working in our department.*
- *Doctor : (ice break - Motivation) I am happy to sit with very enusthusastic and keen medical student like u. whose interested in pediatric .*

Body:

DOCTOR *: so can you please tell me dr. ahmed why u want to sit with me today?*

- ***AHMED*** *: actually doctor I have difficulty in understanding screening test and test involved in screening of down syndrome , I want to know more about it.*
- ***DOCTOR*** *: (**clarify agenda**) ok , sure today I will discuss e you definition , benefits , concepts of screening test and then later on we can talk about screening test of down syndrome .*
- ***(check previous knowledge)*** *But before , let me know what you know so far about screening test?*
- ***AHMED :*** *what is I know it's not diagnostic test , they do screening test for all pregnant women*
- ***DOCTOR :*** *(explain what is screening test) yes you are right ahmed , now I am going to explain **what is screening test**, and please if any point not clear, or I am too fast , I will be happy to stop me at any time.*
- *Screening test is the useful test which have ability to pick up those who having high chance to get the disease but will not give definitive answer if pt have the disease or not ? . So after that we can do diagnostic test to confirm or rule out the condition. Are you following me.?*
- *Ahmed : yes doctor.*
- *Doctor : (**check)** so screening test is important part in secondary prevention measure . Do you know what is 2ry prevention ?*
- *Ahmed : yes , I think it's prevention of complication of the disease .*
- *Doctor : (explain benefits of screening test) yes secondary prevention is prevention of complications as compared to 1ry prevention which is prevention of the disease itself. So by screening test the affected cases can be detected early and follow and this surely will improve outcome of the condition .do you got my point ?*
- *Ahmed : yes , doctor.*

- *Doctor : yes , ahmed regarding the concepts of screening test , every test having sensitivity , specificity , positive predictive value , negative predictive value , did you heard about them before ?*
- *Ahmed : no doctor .*
- *Doctor : (explain concepts of screening test by drawing table) yes ahmed , let me first to draw table to make things more easier :*

Screening test	*Affected e disease*	*Not affected*	*Total*
Positive test	*A*	*B*	*A+B*
Negative test	*C*	*D*	*C+D*
Total	*A+C*	*B+D*	*A+B+C+D*

  -
  - *By sensitivity of the test mean ability of the test to correctly identify those people who truly have the disease , and from above table can be calculated as **(a/a+ c.)** . so when we say test is highly sensitive this means have high ability to pick up the disease.*
  - *In contrast to specificity of the test is the ability of the test to correctly identify individuals who don't have the disease . and from above table can be calculated as **(d/b+ d**). so if the test is highly specific this mean have highly ability to rule out the disease . Are you following me ?*
- *Ahmed : yes doctor , continue.*
- *Doctor : we have also :*
  - ***Positive predictive value** is the ability of the test to identify those who truly have the disease amongst all whose test is positive. From above table can be calculated as (**a/a+ b**) in contrast to*
  - ***Negative predictive value** is ability of the test to identify those who truly have n't the disease amongst all those whose test is negative. From above table can be calculated as (**d/c + d)***
- *Are you following me ?*
- ***AHMED** : yes doctor . can I apply these rule to every test*
- ***DOCTOR :** yes , of course , keep these rules in your mind and apply for every screening test. So you can know individual have the condition. Is it ok?*
- *Ahmed : yes doctor .*
- *Doctor : regarding screening for down syndrome , do you have any idea about it ?*
- *Ahmed : yes doctor , what I noticed in the clinic they are doing u/s abdomen and they extract blood , but I don't exactly for what ?*
- *Doctor : (explain screening of down syndrome) yes , they extract blood from pregnant women looking for :*
  - *protein in plasma called "pregnancy ass plasma protein A" , and also*
  - *they measure pregnancy hormone called " B-human choroinic gonadotropin hormone " , and*

- *doing US abd looking for back of baby neck looking for increase nuchael tranclucency " which increase in fluid of the back of the neck " all these test they do it in first 3month of pregnancy .*

- *Ahmed : I heard doctor triple test and quadruple test , what are they ?*
- *Doctor : (explain triple / quadruple test) these blood tests they did them in 2nd trimester of pregnancy : looking for*
  - *HCG hormone*
  - *Alfa fetoprotein*
  - *Sterodiol hormone*
- *While quadruple test in addition to these substance they looking also for another hormone called inhibin A . are you following ?*
- *Ahmed : yes , no any other test*
- *Doctor : yes there is another test called at 10 weeks of pregnancy looking for fetal DNA in maternal blood . so if mother having positive screening test of first and second trimester , this indicate this mother having high chance to get baby with down syndrome . am I clear so far ?*
- *Ahmed : yes doctor*
- *Doctor : can you summarize what you understand from the meeting ?*
- *Ahmed : yes doctor , start to repeat main points.*

Additional questions may have :

- *Ahmed : doctor , I heard about aminocentasis and chroinoic vilus sampling ?*
- *Doctor : yes , these tests to diagnose down syndrome antenataly and not screening test . complications including miscarriage and infections.*
  - ✓ *Aminocentasis (15-18 weeks of pregnancy) is a sample of the amniotic fluid inside your womb (uterus) that is surrounding the developing baby is taken using a fine needle. Looking for trisomy 21.*
  - ✓ *Chroinic villus sampling (11-14 weeks) : sample of part of placenta taken looking for trisomy 21.*

Finalization: *when announcing 2 minutes left*

- *This only outlines of screening tests , I think we have no time to cover it all in one section . In brief we can go through the points which we discussed in this meeting , I explained to you what is screening test , benefits and concepts of it , and we talk about screening test of down syndrome in 1st trimester and 2nd trimester.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we can arrange another session if still you have quiries.*

- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Difficult conversation

Scenario 9 : teenager DM e Poor Compliant : rebbeca (231)

Background : Teenager k/c of DM for last 4 years. with Deterioration in blood sugar control recently .

Task :speak to mark and explore the possible reasons for his recent deterioration in blood sugar control.

Introduction :

- ***DOCTOR** : (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed peadtric registrar working in this hospital , I believe I am talking to mark 14 yrs of age .*
  - ***MARK** : yes you are right.*
- ***DOCTOR** : (ice break) nice to meet you and thank you for your coming today .*
  - *Mark: it's my pleasure , nice to meet too.*
- *Doctor : (attender) I had made arrangement nobody will interrupt us. If you want anybody else to attend with you its well come*
  - *Mark : thank you doctor .*

Body :

- *Doctor : (previous knowledge of meeting) mark you know why I am here today ?*
  - *Mark : no I have no idea*
- *Doctor : (clarify agenda of meeting) actually I asked by your GP to review you b/c he has concern about deterioration in your blood sugar control and also you have one admission for diabetic keto acidosis , am I right ?*
  - *Mark : yes you are right.*
- *Doctor : .Is it oK to Discuss this issue with you ?*
  - *Mark : yes doctor*

  Doctor : (check previous knowledge) ok , mark I want from you to be free , and ask me any question , if anything not clear , came to my knowledge that you have good control of your diabetes over last 4 years , but recently your diabetes came back , so mark What you think the reason behind deterioration of your blood sugar ?
  - *Mark : yes doctor I will tell you , first I am not inject insulin at school because my friends laughing to me , so only I am inject it at home. Also My parents stop me from playing with my friends.*
- *Doctor : (encourage) thank you for your being honest with me , be sure we are here for support and help you.*

- *Mark : thank you doctor*

- *Doctor : Do you have an idea about Risks if not Following the D.(Outline the Risks)*
  - *Mark :*
- *Doctor : (explain risk if diabetes not control) actually tight control of blood glucose is so important mark because high blood glucose for long time can affect many organs like eyes , heart , kidneys , are you agree with me*
  - *Mark : yes , I gree with you , but what I will do for good control.?*
- *Doctor : (check previous knowledge of control diabetes) ok , mark let us to give you some information about control of diabetes , the control of diabetes mainly depend on 3 factors , did you know them ?*
  - *Mark : I know insulin doctor*

  Doctor : (explain control of diabetius) yes you are right , Diabetes is lifelong and you should take your insulin regularly and at fixed time , and also you must take diet free , and also sleep pattern must good and exercise. Am I clear till this point
  - *Mark : yes doctor*
- *Doctor : do you have particular worries mark ?*
  - *Mark : yes doctor , and I am afraid to go to school.*
- *Doctor : (solution of problem) I understand that diabetius is difficult condition , but I will arrange to solve this problem , I will contact*

Finalization :

- *Doctor : again Thank you for being honest to me & I know it's a difficult conversation to you.*
- *Doctor : (summary) in brief we will go through the point which we discuss .*
- *Doctor : (Give a plan of management) I will give you contact number of Support group , we will involving School Nurses , and arrange another meeting with my consultant.*
- *Doctor : I will provide you with leaflet as well as meeting with other Groups of Pt. with same D.*
- *Doctor : thank you.*

Difficult situation

Scenario 33 : MB page 146.

Task *: talk to the mother of well-hydrated child with mild diarrhea is insisting on i.v fluids , talk about the decision not to start iv.fluids.*

Introduction :

- *Doctor : (introduce / to whom you talk) hii , good morning , I am doctor mohammed peadiatric registrar working in this hospital , I believe I am talking to mrs Fatima mother of ali*
    - *Mother : yes , you are right.*
- *Doctor : (ice break): nice to meet you today , how are you and how is your child ali ?*
    - *Mother : I am fine , but my baby ali having loose motion.*
- *Doctor : (agenda of meeting) I am here today to talk to you about ali's condition.*
    - *Mother : yes doctor.*
- *Doctor : (arrangement and attender) I made arrangement for this meeting so as no one will disturb us , and if you want any to attend with you it's welcome.*
    - *Mother : thank you.*

Body :

- *Doctor : (clarify her concern) can I know what is your concern exactly ?*
    - *Mother : actually doctor my having loose motion 3 times , and I afraid that he may dehydrated.*
- *Doctor : (reassure /explain baby is wel hydrated) I appreciate your feeling mrs Fatima , I want to reassure you that , your baby is stable and well hydrated now and he can drink water to keep him well hydrated .*
    - *Mother : but doctor , I want from you to start fluid through his blood tubes.*
- *Doctor : (explain no need for ivf) I appreciate your feeling and I want to reassure you that , the decision made by our department not to start IVF.*
    - *Mother : but why doctor ? is there any problem to start IVF ?*
- *Doctor : (explain risk of start ivf unnecessary) actually yes , there are problems*
    - ✓ *as you know if want to start fluid through blood tube need to insert flexible plastic tube called " canula" which not comfortable to the baby*
    - ✓ *also by giving unnecessary IVF may be will make salt disturbance in our body.*
    - *Mother : but I told my baby having loose motion*
- *Doctor : (explain indication to start ivf) as I told to you your baby having loose motion but is not as that much to let us start IVF . we will start IVF when he is vomiting all fluids he drink , or loss alarge amount of fluids in his body to the degree that become severe dehydrated , or in case become drowsy.*

- *Mother : but I am afraid doctor , he may increase in number of passing frequent loose motion.*

- *Doctor : (reassure/ f/up) I appreciate your concern and I want to reassure you that we are here to help you . at any time if you feel vomiting and loose motion increase you can immediately come back. As well we will arrange appointment to check for progress of the illness. Am I clear till now ?*
    - *Mother : yes doctor.*
- *Doctor : have any more concern ?*
    - *Mother : no doctor thank you*

Finalization :

- *Now in **brief we can go over points which we just discuss** about the decision made by our department not start IVF as your baby is well hydrated and keep drinking fluids per mouth .*
- *I will provide you leaflet, web sites and written advice about what is suitable food for your child .*
- *If you want I can offer you another meeting with my consultant. And doctor of diet to explain to you more about what is light food suitable for your child.*
- *Have you any question or concern.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

education

Scenario 10 (brain stem death): *Rebecca page 199.*

Jessica final year medical student.

TASK : EXPLAIN TO JESSICA , DISCUSS HER CONCERNS , AND EXPLAIN THE REASON BEHIND SWITCHING OFF VENTILATOR.

Introduction:

- *Hii good morning jesica .*
- *I am doctor Mohammed , pediatric registrar .*
- *I Believe you are Jessica , final year medical student , who attached our unit this week , am I right ?*
  - *Jessica : yes doctor .*
- *Doctor : (ice break) how you find work in our unit ?*
  - *Jessica : realy it's very difficult doctor*

Body:

- *Doctor : (clarify agenda of meeting) I have been asked by my consultant to talk to you about little baby gergonia 2yr old in intensive care unit because you have some concern ? and feel free to stop me and ask me any question.*
- ***JESSICA** : yes doctor .*
- ***DOCTOR** : (check previous knowledge) can you tell me what you know so far about condition of this baby ?*
- ***JESSICA :** this child is brought after road traffic accident deeply comatose , so connect to breathing machine and now maintain vital signs.*
- ***DOCTOR :** ok Jessica , but unfortunately this morning the decision has been made to switch off ventilator .*
- *Jessica : yes , doctor I heard this and really I am very upset and feel , she is not giving chance to recover. And baby is maintain vital signs Why they decide to switch off ventilator ?*
- *Doctor : (empathy) I appreciate your feeling , yes you know this pt. is having serious injury to his brain and diagnosed as having brain stem death . have you any idea what is brain stem death ?*
- ***JESSICA** : what I know brain stem is important part of the brain , but brain stem death is not clear for me .*
- ***DOCTOR** : (explain brain stem death) you are right . The brain stem is at the very bottom of the brain and controls many functions vital to life such as consciousness, awareness,*

*breathing and the ability to regulate heart rate and blood pressure. When the brain stem stops working (due to trauma for example), the brain cannot send messages to the body to control our unconscious functions, and equally cannot receive messages back from the body , this is what is called "**brain stem death**" . If this is the case, then the person has no chance of recovery, the damage is irreversible and person consider died. That is why they decide to switch off ventilator .*

- ***JESSICA** : but how they diagnose baby is brain stem death ?*
- ***DOCTOR :** actually by doing tests carried out by two doctors , this test known as" brain stem death test" , did u before heared about this test?*
- ***JESSICA :** no.*
- ***DOCTOR :** (explain diagnosis of brain stem death) this test are carried out by two senior doctor at your child's bedside actually , if fail to pass these tests confirmed brain stem death which means no chance of survival or recovery.*
- ***JESSICA :** but still doctor I am not feel happy to disconnect baby from ventilator ?*
- ***DOCTOR :** I respect your opinion and believes , usually different people have different opinion , for this we must follow guidelines and protocols of withdrawing or withholding care. Our protocol in situations like this we must hold care of baby.*
- ***JESSICA :** what is benefits of withholding care of such pt.?*
- ***DOCTORS :** (explain benefits of withholding care) we have limited bed in our intensive care unit , and we have other babies may need this bed , and may need ventilator.*
- *Jessica : is there any situations we can withhold care , other than brain stem death?*
- *Doctor : (explain situations where we withhold care , or DNR) yes actually they are five situations : brain stem death one of them , other four are :*
    -

Finalization: *when announcing 2 minutes left*

- *Now because of short time , I hope that I explain to you what u want to know. , in brief I will tell what we are already discuss…….*
- *and I will provide you written information, websites , as well as arrange another meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Ethical frame ….disclosure of leukaemia (rebca 177-178)

Task : talk to a watif anurse staff looking after ahmed 12yrs{ who newly discovered having leukaemia } and his parents don't want to inform him , because they think it is v. upsetting to him.

Introduction:

- *Doctor : (introduce himself/check to whom talk)Hii good morning. Iam doctor Mohammed , pediatric doctor working in peadtric oncology ward .am I talking to mrs AWATIF one of the nurse student working on our ward looking after AHMED 12yrs old who is newly diagnosed having leukaemia.*
    - *Nurse : yes I saw you doctor many time*
- *Doctor :(ice break) thank u for your coming today , how you found the work in our unit ?*
    - *Nurse : it's good doctor*
- *Doctor : (agenda of meeting) I understand that you have some concern regarding one pt. in ward name "Ahmed" which test done for him showing he is having leukaemia .*
    - ***Staff nurse*** *: as you know doctor , my pt. ahmed is newly discover having leukaemia , and his parents know this but they don't want him to know , because they think it is very upsetting to him. And as I am nurse looking after him , he keeps asking about test results and I don't want to lie to him . so tell me what I will do ?*
- *Doctor : (attender/ arrangement) ok I will try to help you , I had made arrangement so as no one will disturb us.and if you want any one of your colleague to attend this meeting it's welcome*

- *Nurse : no thank you doctor.*

You are welcome and feel free to stop me and ask me any question.

Body:

Doctor: *I appreciate your feeling and I know it is difficult situation , deciding whether or not tell a child about that have leukaemia is difficult decision to make , do you have an idea what are in favour to tell and what against to tell the child ?*

- ***Staff nurse*** *: no I have no idea but I think he must know about his condition .*

- ***Doctor:*** *(previous knowledge) ok, one way that I have found helpful in these difficult decisions is to think in terms of a doctors obligations , for example , autonomy , beneficence , non-maleficience and justice . do you heard before about these terms?*

- *Staff nurse: no doctor please can you explain more ?*

- *Doctor : (explain 2 domains support telling) yes I will explain to you in details. The 4 domains are autonomy , beneficence , non maleficience and justice are domains of medical ethical framework . some of these domains are reasons for telling child about his illness , while others are against telling him , so first we explain Reasons for telling ahmed :*

- *Autonomy : (esp. if fulfil the criteria of gillick comptent) , this means :*
  - ✓ *The pt has the right to access support and information to help his understand his illness.*
  - ✓ *He has the right to actively involved in his case. Are you following me*
- *The 2nd reason for telling is Beneficence : which means deliver greatest benefit to the pt.*
  - ✓ *Compliance with medication will be important – he will want to know why he has to take medication/come to clinics and have blood tests. Am I clear so far ?*
- *Nurse : yes doctor*

- *Doctor : (check previous knowledge) do you have an idea the reason against telling the pt.*

- *Nurse : no doctor , I haven't*

- *Doctor : (explain the Reasons against telling) is :*

- *Non – maleficience : which means avoiding causing harm.*

✓ *Respect request by parent will help in management of their child.*

✓ *By telling the child at this time (death of his close grandfather) may aggravate his depression and may become un-cooperative with management.*

- *Doctor : are you following me awatif , so can you repeat for me what we discuss up to this point?.*

- *Staff nurse : repeating what doctor said. But how to solve this problem?*

- *Doctor : (explain the solution-refer) possible strategies for dealing with this situation are:*
  - ✓ *Arranging a further discussion with a hmed parents, explaining the benefits of ahmed know the diagnosis. And*
  - ✓ *tell them that you may take help of a psychologist who will help child in reducing anxiety.*

Finalization: *when announcing 2 minutes left*

- *At the end , I will again briefly tell what we just discussed .*
- *and also parents can be help by offering another meeting with consultant , specialist nurses .*
- *and you can offer also supports groups and websites where they can get some really practical help and advice for how to go about telling his son.*
- *At the end thank her.*

Information delivery

Functional abdominal pain(FAP)

exam Scenario : (FAP) *march 2016 ….mark beati page (146)*

TASK : DISCUSS WITH MONA MOTHER OF HALA 6 YEARS OLD ABOUT FUNCTIONAL ABDOMINAL PAIN , HER MOTHER INSIST FOR INVESTIGATION. AND TRY TO ANSWER ANY QUESTIONS SHE MAY HAVE.

Introduction:

- *Doctor : (introduction) Hii good morning.Iam doctor Mohammed , pediatric registrar.I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes I am the one*
- *Doctor : (ice break) how are you , I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you doctor.*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding hala condition and it's management .*
  - *Mother : I hope so.*
- *Doctor : (arrangement and attender) feel free to stop me and ask me any question. I had made arrangement so as no one will disturb us. and if you want anyone to attend with us this meeting.*
  - *Mother : no thank you*

Body:

- ***Doctor:*** *(check previous knowledge of pt.) Can u please tell me how is halla's condition ?*
  - ***Mother****: she is fine , but hala having recurrent abdominal pain and I am worry about this .*
- ***Doctor*** *: ok , I am here today to talk about this issue . but tell me what they told you so far regarding her condition.?*
  - ***Mother*** *: they told me that , she has nothing to worry about , but I am still worry.*
- ***Doctor*** *: (reassure / previous knowledge of abd. Pain) ok, I appreciate your feeling , and I want to reassure that nothing serious to worry about , hala having common problem in school age children , which is called functional abdominal pain , did you heard about it before ?*
  - ***Mother*** *: I have no idea.*
- ***Doctor*** *: (explain what is functional abdominal pain) we said functional abdominal pain because of absence of identifiable cause means no specific structural , germs , or biochemical cause for the abdominal pain can be determined . because of that it's a diagnosis of exclusion. And it's not serious problem , and pain is transient , Am I clear ?*
  - ***Mother*** *: yes , so my baby don't need imaging for his tummy?*
- ***Doctor*** *: (**focus on excluding serious pathology**) ok , I appreciate your concern , but we found that from history taken from you and when ahmed physically examined , with normal basic test results , so no need to do further test as those likely to be normal.*
  - ***Mother :*** *no doctor still I want to do further investigations ?*
- ***Doctor :*** *(explain no red flags signs) I know you are worry , and all here to help you and help your baby , but I want to reassure you that your baby not having symptoms or signs that indicate this abdominal pain is serious. Only We will go for further test if we feel that your baby having one of the following :*
  - ✓ *Pain away from belly bottom*

- ✓ *Pain awaking him at night*
- ✓ *pain related to eating.*
- ✓ *If there is vomiting or blood in stool.*
- ✓ *Or pain associated with weight loss.*

In these case we need to do further test to exclude serious conditions , but fortunately a hmed does not have any of those .

- ***Mother : is functional abdominal pain is serious condition, and what is the cause lead to FAP***

- ***Doctor : (explain the triggering factors**). as I indicated earlier no specific cause however some children find that if they are anxious or stressed it can make their pain more noticeable . is there anything you can think of which might be making things worse like this ?*
  - *Mother : no doctor . is the pain having any effect on my baby ?*
- ***Doctor** : (explain to search for the cause) ok , we will try to find out is there any triggering factor behind the pain and we will inform school nurse about the pain and she will help us to find any stress at school ., this type of pain have no any long term effect on your baby. however , functional abdominal pain may have adverse effects on the child physical and emotional state. Because inability to carry out daily activities may affect the child's mood and emotions , But with management having good outcome , Am I clear ?*
  - ***Mother** : yes I am following you , so how can u help her , she is often crying from pain.*
- ***Doctor** : **(management of FAP)** there is no specific medical treatment for functional abdominal pain. We can prescribe for her some medication which eliminate the pain , treatment may include diet and life style changes , medicines like pain killer. We must also encourage him because our aim is let him to return to school and resume the routine activities.*
  - ***Mother** : how can I deal with him ?*
- ***Doctor** : try to distracting the child from his or her pain may be helpful.*

Finalization: *when announcing 2 minutes left*

- *Now in **brief we can go over points which we just discuss** about functional abdominal pain.*
- *I will provide you leaflet, web sites and written advice about FAP.*
- *If you want I can offer you another meeting with my consultant. And we will inform school nurse so as to help us to explore school environment , and to understand the nature of the disease.*
- *Have you any question or concern.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Information delivery

Functional abdominal pain(FAP)

exam Scenario : (FAP) *march 2016 ….mark beati page (146)*

TASK : DISCUSS WITH MONA MOTHER OF HALA 6 YEARS OLD ABOUT FUNCTIONAL ABDOMINAL PAIN , HER MOTHER INSIST FOR INVESTIGATION. AND TRY TO ANSWER ANY QUESTIONS SHE MAY HAVE.

Introduction:

- *Doctor : (introduction) Hii good morning.Iam doctor Mohammed , pediatric registrar.I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes I am the one*
- *Doctor : (ice break) how are you , I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you doctor.*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding hala condition and it's management .*
  - *Mother : I hope so.*
- *Doctor : (arrangement and attender) feel free to stop me and ask me any question. I had made arrangement so as no one will disturb us. and if you want anyone to attend with us this meeting.*
  - *Mother : no thank you*

Body:

- ***Doctor:*** *(check previous knowledge of pt.) Can u please tell me how is halla's condition ?*
  - ***Mother****: she is fine , but hala having recurrent abdominal pain and I am worry about this .*
- ***Doctor*** *: ok , I am here today to talk about this issue . but tell me what they told you so far regarding her condition.?*
  - ***Mother*** *: they told me that , she has nothing to worry about , but I am still worry.*
- ***Doctor*** *: (reassure / previous knowledge of abd. Pain) ok, I appreciate your feeling , and I want to reassure that nothing serious to worry about , hala having common problem in school age children , which is called functional abdominal pain , did you heard about it before ?*
  - ***Mother*** *: I have no idea.*
- ***Doctor*** *: (explain what is functional abdominal pain) we said functional abdominal pain because of absence of identifiable cause means no specific structural , germs , or biochemical cause for the abdominal pain can be determined . because of that it's a diagnosis of exclusion. And it's not serious problem , and pain is transient , Am I clear ?*

- ***Mother*** *: yes , so my baby don't need imaging for his tummy?*

- ***Doctor*** *: (**focus on excluding serious pathology**) ok , I appreciate your concern , but we found that from history taken from you and when ahmed physically examined , with normal basic test results , so no need to do further test as those likely to be normal.*
  - ***Mother :*** *no doctor still I want to do further investigations ?*
- ***Doctor :*** *(explain no red flags signs) I know you are worry , and all here to help you and help your baby , but I want to reassure you that your baby not having symptoms or signs that indicate this abdominal pain is serious. Only We will go for further test if we feel that your baby having one of the following :*
  - ✓ *Pain away from belly bottom*
  - ✓ *Pain awaking him at night*
  - ✓ *pain related to eating.*
  - ✓ *If there is vomiting or blood in stool.*
  - ✓ *Or pain associated with weight loss.*

  In these case we need to do further test to exclude serious conditions , but fortunately a hmed does not have any of those .
  - ***Mother : is functional abdominal pain is serious condition, and what is the cause lead to FAP***
- ***Doctor : (explain the triggering factors*** *). as I indicated earlier no specific cause however some children find that if they are anxious or stressed it can make their pain more noticeable . is there anything you can think of which might be making things worse like this ?*
  - *Mother : no doctor . is the pain having any effect on my baby ?*
- ***Doctor*** *: (explain to search for the cause) ok , we will try to find out is there any triggering factor behind the pain and we will inform school nurse about the pain and she will help us to find any stress at school ., this type of pain have no any long term effect on your baby. however , functional abdominal pain may have adverse effects on the child physical and emotional state. Because inability to carry out daily activities may affect the child's mood and emotions , But with management having good outcome , Am I clear ?*
  - ***Mother*** *: yes I am following you , so how can u help her , she is often crying from pain.*
- ***Doctor*** *: **(management of FAP)** there is no specific medical treatment for functional abdominal pain. We can prescribe for her some medication which eliminate the pain , treatment may include diet and life style changes , medicines like pain killer. We must also encourage him because our aim is let him to return to school and resume the routine activities.*
  - ***Mother*** *: how can I deal with him ?*
- ***Doctor*** *: try to distracting the child from his or her pain may be helpful.*

Finalization: *when announcing 2 minutes left*

- *Now in **brief we can go over points which we just discuss** about functional abdominal pain.*
- *I will provide you leaflet, web sites and written advice about FAP.*
- *If you want I can offer you another meeting with my consultant. And we will inform school nurse so as to help us to explore school environment , and to understand the nature of the disease.*
- *Have you any question or concern.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Difficult conversation -Angry Mother

MRSA +ve in stable baby : rebbeca 235

Back ground : Mrs Gilmore , mother of 3 weeks old Robbie , diagnosed as having gastroschasis surgery done in other hospital , then transferred back to his local hospital. Routine admission swabs have isolated MRSA , microbiologist and consultant to start erdacation treatment , although Robbie was well.

Task : inform Mother angry about the result of her baby came MRSA +ve (before was –ve result). Discuss diagnosis and excpected management plan.

INTRODUCTION :

- ***DOCTOR** : (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed neonatal registrar working in this hospital , I believe I am talking to mrs gilmore mother of robbie*
  - ***MOTHER** : yes I am.*
- ***DOCTOR** : (ice break , agenda of meeting) thank u for your coming today , I am here today to talk to you about your baby condition , management plan , I had made arrange this meeting that nobody will interrupt us. If you want anybody else to attend with you its well come.*
  - ***MOTHER** : no thank you.*

Body :

- *Doctor : (check previous knowledge of baby) how is your baby , and what you know so far regarding his health?*
- *Mother : my baby having surgery b/c of defect in his tummy , but now he is ok. Why doctor , any problem.*
- *Doctor : (clarify agenda of meeting) yes exactly your baby is stable and ok , but I am sorry to tell you that your baby carry bugs in his skin called MRSA…*
  - *Mother : ooh doctor , ooh my little baby ?*
- *Doctor : (check previous knowledge @MRSA) I want you to calm down as your baby is ok and stable now , but first tell me What you know about MRSA ?*
  - *Mother : I know it's superbugs and it's dangerous but how you know my baby having this bugs ?*
- *Doctor : we did swab of skin we found that swab +ve for MRSA.*
  - *Mother : why doing this test for him as you said he is ok ?*

- *Doctor : (explain reason of swab/Reassure her) we are following our hospital protocol which did this test as a part of routine check to all babies transferred from other hospital .*
- *(explain MRSA) MRSA IS abbreviation for methilline resistance staphy auerus which it is bugs lives on the skin without causing symptoms, But it can also cause severe type of infections.*
    - *Mother : from where my baby get this bugs?*
- *Doctor : (explain methods of transmission) it is common transmitted by health care provider normally spread by touch*
    - *Mother : now what is management plan ?*
- *Doctor : (explain plan of management) as protocol in our hospital as your baby is OK. no need for ttt now, but need observation and :*
        - *Erdaction of this bugs body wash and apply nasal cream , as decided by deparment of bugs control which called " infection control department".*
        - *Also Baby after 7 days needs F/UP by serial skin swabs to ensure that is clear from this bug. (if 3 skin swab came (–ve) this means your baby is clear .*
    - *Mother : how can we prevent spread ?*
- *Doctor : (explain measures of prevention of spread of infection)*
        - *Isolation of the baby .*
        - *Strict Hand Washing to protect the others.*
        - *Don't share Pt. items Using gloves , aprons .*
    - *Mother : you told you will observe him , for what you will observe ?*
- *Doctor : (explain symptoms of MRSA) you will observe for any chest problem , skin infection.*
    - *Mother : What ttt if baby have symptoms ?*
- *Doctor : (explain treatment if symptoms appear) Vancomycine + Co-Trimexazole +Topical Mupirocin , But if causes infection it is difficult to treat.*

    - *Mother : is my baby going to die?*

- *Doctor : " Be honest " any infection is associated with Risk of morbidity & mortality . but in case of your baby unlikely.*

Finalization :

- *Now in brief let us to go through important points which we discuss about MRSA …….*
- *I will provide you with leaflet and web site to know more about MRSA .*
- *I will inform my consultant & obstetric team about her concern. and we will keep you updated about the progress of her condition.*
- *Check her understanding*
- *Have you any more concern. Thank you*

EDUCATION

Scenario 11 (Wilson disease): *Rebecca page 201.*

Ahmed is 4th yrs medical student interested in pediatrics , today joined your department . she want to know about Wilson disease.

TASK : EXPLAIN TO AHMED ABOUT WILSON DISEASE ( ) AND TRY TO ANSWER ANY QUESTIONS HE MAY HAVE

Introduction:

- *Doctor : Hii ahmed good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *You know me I am doctor Mohammed , pediatric registrar .I think you join our department recently. am I right?*
  - *Ahmed : yes doctor.*
- *Doctor : (welcoming - ice break - Motivation) welcome , and I hope you will enjoy working in our department. I am happy to sit with very enusthusastic and keen medical student like u. whose interested in pediatric .*
  - *Ahmed : thank you doctor.*

Body:

- ***DOCTOR*** *: could I know dr. ahmed why u want to sit with me today?*
- ***AHMED*** *: actually doctor one pt. in the clinic having what is called Wilson disease , I want to know more about it.*
- ***DOCTOR*** *: (**clarify agenda**) ok , sure today I will discuss e you what is Wilson disease., how inherited , and it's presentation , how it diagnosed and managed?*
- ***(check previous knowledge)*** *But before , have you ever heard about Wilson disease?*
- ***AHMED :*** *I have no idea.*
- ***DOCTOR :*** *(explain what is Wilson disease) now I will try to explain **what is wilson disease**, and please if any point not clear, or I am too fast , I will be happy to stop me at any time.*

- *Wilson's disease is a condition where too much copper builds up in the body . It is a rare inherited disorder .*
- *Copper is a trace metal which is in many foods. You need tiny amounts of copper to remain healthy. Normally, the body gets rid of any excess copper. People with Wilson's disease cannot get rid of excess copper and so it builds up in the body, mainly in the liver, cornea and the kidneys.*
- *(**recheck**) Are you following me ahmed , is it clear so far ?*
- *Ahmed : yes doctor , continue .*
- *Doctor : (check) do you know what causes wilson disease ?*
- *Ahmed : I have no idea where is the defect exactly ?*
- *Doctor : (explain pathology of Wilson disease) ok , In Wilson's disease, a particular gene on chromosome 13 does not work . This gene normally controls the liver cells to pass out excess copper into the bile. If this process does not work then the copper builds up in liver cells. When the copper storage capacity of the liver cells is saturated, the copper spills into the bloodstream and deposits in other parts of the body, mainly the brain.*
- *(**explain how is inherted**) Wilson's disease is an autosomal recessive disorder. This means that, in order to develop Wilson's disease, you need to inherit two abnormal genes - one from your mother and one from your father.*
- *Doctor : (**recheck**) am I clear till this point ? Now can you tell me what we discuss till this point.*
- *Ahmed : repeat what told above.*
- *Doctor : (check) excellent ahmed.*
- *Ahmed : ok doctor , can you tell me what are problems of Wilson disease?*
- *Doctor : (explain problems and symptoms) yes sure , Although the genetic defect is present at birth, it takes years for copper to build up to the level where it is damaging. Symptoms typically start to develop between the ages of 6 and 20 yrs, most commonly in the teenage years. These problems are :*
    - ✓ *Liver problems:*
        - *Symptoms of liver problems often develop first. The toxic effect on the liver cells can cause hepatitis which may cause: jaundice , abdominal pain., and vomiting.*

- *If left untreated, damage to liver cells causes scarring of the liver (cirrhosis).*

✓ *Brain problems : As copper deposits in the brain it can cause various symptoms:*

- *Difficulty with speech and Writing problems.*
- *An unsteady walk.*
- *Fits (seizures).*
- *As well as Depression , Inability to concentrate and changed in personality.*
- *If left untreated, the accumulation of copper in the brain can lead to Severe rigidity , Dementia.*

✓ *Other problems : Copper may build up in the layer at the front of the eye (called the cornea). This causes a characteristic feature called Kayser-Fleischer rings - a brownish pigmentation of the cornea.*

- *Ahmed : ok , can you tell me how can be diagnosed Wilson disease?*
- *Doctor : (explain diagnosis of Wilson) If Wilson's disease is suspected, it can be diagnosed by various tests:*
  - *A blood test to measure caeruloplasmin. This is a protein that binds copper in the bloodstream. The level is low in nearly all people with Wilson's disease.*
  - *Copper level in the blood.*
  - *A urine test to measure the amount of copper in the urine. The amount is typically higher than normal.*
  - *An examination of the cornea by an eye specialist may show the Kayser-Fleischer rings if they have developed. (They are not present in all cases.)*
  - *biopsy of the liver may show the excess copper in the liver .*
- *Are you following me ?*
- ***AHMED** : yes doctor , What about management ?*
- ***DOCTOR :** (explain management of wilson) ok ,It is essential to treat Wilson's disease. The earlier treatment is started, the better the chance of preventing long-term permanent damage to the liver or brain.*

- *Penicillamine is a medicine used to remove copper from the body. The penicillamine causes the excess copper from the body to be passed out in the urine.*
- *Zinc is an option in certain circumstances. Zinc works by blocking the gut from absorbing copper from food.*
- *a liver transplant may be an option. This can be life-saving.*
- *Foods with a high concentration of copper generally should be avoided , These include liver, chocolate, nuts, mushrooms and shellfish.*

- *(**recheck**) is it clear up to this point ?*
- *Ahmed : yes doctor , pt. need to take treatment for life ?*
- *Doctor : yes , you need treatment for life. First, to clear the excess copper, and then to prevent future accumulation of copper. Failure to take medication can lead to a return to a build-up of copper, which can be serious - even fatal.*
- *Are you following me ?*
- *Ahmed : yes doctor. Can you tell me What is the outlook (prognosis)?*
- *Doctor : (explain prognosis of wilson)*
  - *If treatment is begun in the early stages of the disease, it usually works very well. You can expect a normal length and quality of life.*
  - *However, without any treatment, Wilson's disease is usually fatal - typically, before the age of 40.*

Finalization: *when announcing 2 minutes left*

- *This outlines of Wilson disease , I think we have no time to cover it all in one section . I hope that I explained to you what u want to know about Wilson disease , now in brief we can go through the point which we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Ethical delima

Case 35 : MB. Page 146 / rebeca page 158 – teenager with anorexia nervosa.

TASK : talk to Fatima 15 yrs of age (who diagnosed as anorexia nervosa e hypotension and bradycardia and refuse to stay on hospital although their parents agree to stay)and try to convince her to stay in hospital.

Introduction:

- *Doctor : (introduce / to whom you talk) Hii good morning , I am doctor Mohammed , pediatric registrar , working in this hospital , I believe I am talking to fatima .*
    - *Fatima : yes you are right .*
- *Doctor : (ice break) How do you do ? how you find the way to our hospital ?*
    - *Fatima : I am fine.*
- *Doctor : (agenda of meeting) I am here today to discuss with you important issues regarding your health and importance of staying in hospital . I made arrangement so as no one will disturb us.*
- *Doctor : (attender) You are welcome and feel free when u talk to me .and if you want anyone else to attend with us it's welcome.*
    - *Fatima : no thank you*

Body :

- *Doctor : hello , how is your health?*
    - *fatima : (kept silent)…….*
- *Doctor : (check previous knowledge) why u kept silent , we all here to help you . so please can you tell me why you are here in the hospital?*
    - *Fatima : because I was slightly ill and now I am well.*
- *Doctor : what they told you so far about your condition ?*
    - *Fatima : no one told me any thing*
- *Doctor : (check previous knowledge of anorexia nervosa) actually your diagnosis is condition called "anorexia nervosa" , have you ever heard about anorexia nervosa before ?*
    - *Fatima : no (she is depressed and not looking to doctor playing with her mobile)*
- *Doctor : (let her give u her attention - explain what is anorexia nervosa) please Fatima can you put your mobile for some time I will have serious talk regarding your health . anorexia nervosa is eating disorder (people with AN restrict their intake of food to degree that they lose considerable weight and become v.thin) , it's serious mental health problem if not treated it can affect health and can lead to death. but **I want reassure** you that with*

appropriate help and support . , and for this you are here in hospital and you will remain inpatient for more days.

- *Fatima : no , I don't want stay at hospital , I am feeling well and I want to go home.*

- *Doctor : (1st response to convence) actually opinion of both the medical staff caring for you and your parents is that the best place for you is as an inpatient on this unit (adolescent eating disorders unit). Because your are hypotensive , bradycardiac .your life will be in danger.*
    - *Fatima : if you want to help me , please discharge me from this nasty hospital.*
- *Doctor : (2nd response - explain dangerous of her condition)*
  A nice girl like u she want to enjoy her life , she want to have friends , she want to go in and out , is n't it ? by doing this you may lose your life
- *you know what mean when you are bradycardic and your BP is low ….this dangerous and mean your body not coping and may lead to death. and if you are not treated this condition it affect your height (you like to become short in the future ???) and will affect your capability of giving birth in the future ,(you don't want to become mother???).*
    - *Fatima : I know this but also I want to go home.*
- *Doctor : (3rd response to convenes) we need to do what we believe it's best interest for you , although we need you to accept that but at your age* ***legally you cannot refuse treatment because it will causes you harm , and also your parents both given us approval "consent " to be inpatient.***
    - *Fatima : my parents not love me*
- *Doctor : (try to find solution for her problem) no they are keen about you and they are worry about your health. And also all medical team working in this hospital.*
  If you feel the ward is pouring , you can spend some time in the garden of the hospital , with your peers in this hospital.
    - *Fatima : no I don't want to stay. I want to spend time with my friend outside this hospital.*
- *Doctor : (4th response) also I can give you chance to discuss with your parent and also we will take help of mental health doctor.*
    - *Fatima : you think I am a mad to take help of mental health doctor ?*
- *Doctor : no .* ***doctor of mental health is not only for mad people but also help in your case.***
- *(encourage and support) You know Fatima with treatment u will completely recover and you can gain weight.*
    - *Fatima : so how you can help me*
- *Doctor : (plan of management) you know we are all here to help you , we will try our best , we give you complete bed rest , we will give adequate fluids and nutrition , we will seek for advices from many professional like doctor of diet "dietician " , doctor of mental health "psychiatrist", and doctor of children "pediatrician". And we will monitoring you as well.*

Finalization :

- *Let us in brief going through points which we discussed*
- *I Will arrange meeting with my consultant , doctor of mental health , and doctor of food , for more discussion .*
- *I can offer for you websites , and leaflet to know more about your condition.*
- *Any questions.*
- *Thank you.*

Difficult conversation (upset mother)

Scenario *12 : rebbeca page 237 : cow milk protein intolerance .*

Back ground information *: Hannah is the mother of 3 month old rain who cry most of the time especial after feed , rain growth and examination normal*

Task *: to explain to the mother your suspicion of cow's milk protein intolerance , and the need to stop all medications and the trial of special milk.*

INTRODUCTION *:*

- ***DOCTOR*** *: (introduce himself / to whom he talk) hii , good morning , I am doctor mohammed GP registrar working in this hospital , I believe I am talking to miss hana mother of rain*
    - ***MOTHER*** *: yes doctor , I am the one.*
- ***DOCTOR*** *: (ice break) nice to meet you miss hana , how are you and how did you find being mother for cute baby like rain ?*
    - *Mother : v. tiring doctor , he is always crying , really I fed up .*
- *Doctor (previous knowledge of meeting) so could I know why you want to sit with me today ?*
    - *Mother : actually doctor my 3 month old baby always crying , and I try many drugs with out benefit .*
- ***DOCTOR (AGENDA OF MEETING)*** *yes miss hana I understand this is very upsetting you , we suspect that rain have what is called cow milk protein intolerance . I would like to explain this to you , and also I will explain to you the management of this , is it suitable time for you ?*
    - ***MOTHER*** *: yes doctor.*

BODY :

- ***DOCTOR*** *: (check previous knowledge of cow milk intolerance) before I start miss hana , did you heard about cow milk protein intolerance before?*
    - ***MOTHER*** *: no doctor , is this something serious ?*
- ***DOCTOR :*** *(explain cow milk protein intolerance) I understand your worries and anxiety , and I will explain it to you simply , and if you having any question please do interrupt me and ask at any time. Is it ok with you ?*
    - ***MOTHER*** *: yes doctor .*
- ***DOCTOR*** *: (reassure/ pathophsilogy and symptoms) first of all I want to reassure you that this is not serious condition , it means that our immune system which denfence system in our body that protect us against germ , this immune system unusually react against protein that found in cow milk , and this reaction causing injury to the tissues that lining the stomach and gut , this why baby with cow milk protein intolerance feel tummy*

pain , loose motion and vomiting , and some time even blood in stool. Did you get my point.?

- ***MOTHER** : yes , yes doctor , but you didn't do any lab test , no image and I afraid that my baby having serious problem in his tummy*

- ***DOCTOR** : (reassure)I understand this , and I want to reassure that rain grow normally and we examined him throughly , and nothing found to support any serious problem , am I clear so far*
  - ***MOTHER** : yes doctor continue …*
- ***DOCTOR** : (explain how diagnosis of cow milk P.I.) this cow milk protein intolerance diagnosis is mainly based on your description of your baby symptoms and our examination finding , lab test and images usually not helpful.*
  - ***MOTHER** : please doctor his father and me being exhausted , we spend whole night awake , how can solve rain problem as only depend on milk .*
- ***DOCTOR** : (explain management) I feel sorry for such difficult situation going through , but we will try special milk formula that contain broken proteins , so that the immune system will not recognize them and not react against it. And fortunately most of babies respond to this formula.*
  - ***MOTHER** : yes doctor . but I want him to be admitted in the hospital .*
- ***DOCTOR** : (reassure) I want to reassure you that your baby not need admission and can be treated as outpatient care , and fortunately most babies used this they respond very well to this special formula . And we will follow rain growth and symptoms in our clinic as well as by health visitor , if everything is ok this confirm our diagnosis of cow milk intolerance , is it clear till this point ?*
  - ***MOTHER** : yes doctor , I saw many babies taking the same formula and non of them having cow milk protein intolerance . why my baby has this problem.*
- *Doctor : (explain risk factors for condition) I understand how do you feel , but this condition is common in children who having h/o allergic conditions in their family like b.asthma , eczema , or food allergy ,it occur among these children more than others.*
  - *Mother : doctor so rain will not take dairy product rest of his life*
- *Doctor : (explain prognosis)this good question , and I want to reassure you that over half of children with cow milk protein intolerance tolerate cow milk at age of 1yr , and most children with this condition completely resloved by age of 6 yrs.*
  - *Mother : this good thing , but doctor me and his father not working how we can offer for this formula ?*
- *Doctor : yes miss hana I will send you to our social worker who will provide you with financial support , advices , social support and counseling . have you any other concern miss hana .*
- *Mother : no doctor , thank you.*

Finalization :

- *Doctor : I realize I give you a lot of information today so let us go in brief through important points which we discuss , I explain to you how cow milk protein intolerance ocurr , and also I discuss with you symptoms of the condition , and also discuss the need to stop all medications taking and switch to special formula and how it work.*
- *I will refer you to doctor who specialized in sensitivity of food , and I will arrange for you to meet our social worker to provide you with financial support , advices and counseling .*
- *I will give you appointment in our clinic so as f/up of rain growth and review of his symptoms . as well as arrangement for health visitor to regular review rain at home and monitor his growth and symptoms.*
- *I will give you written information and trust websites where you can find important information regarding cow milk protein intolerance .*
- *If you wish I will arrange another meeting to talk you about cow milk protein intolerance .*
- *Me and health team staff for helping you at any time.*
- *Thank you miss hana*

EDUCATION

Scenario 12 (basic life support)*: Rebecca page 203 .*

Ahmed is 4th yrs medical student interested in pediatrics , today joined your department . she want to know about BLS.

Task : explain and teach basic life support to ahmed .

Introduction:

- *Doctor : Hii good morning. How are you ? are you fine ?*
  - *Ahmed : I am fine.*
- *Doctor : You know me , I am doctor Mohammed , pediatric registrar ,I believe u are ahmed 6th year medical student who join our department recently.*
  - *Ahmed : yes I know .*
- *Doctor : (Motivation- welcoming) I am happy to sit with very keen medical student like u. whose interested in pediatric . and I hope you will enjoy working in our department. I am happy to sit with you today to discuss an important topic which u want know.*
  - *Ahmed : thank you doctor*
- *Doctor : (arrange /attender) And I made arrangement so as no one will disturb us .and if you want anyone to attend with you it's welcome.*
  - *Ahmed : no doctor thank you.*

Body:

- ***Doctor*** *:(****clarify the agenda*** *) so can you please tel me dr. ahmed why u want to sit with me today?*
  - ***Ahmed :*** *doctor actually I want to know about basic life support*
- ***Doctor :*** *(**check previous knowledge**) have you ever heard about BLS ?*
  - ***ahmed*** *: **actually we cover this topic in the 3rd year at medical school. but I am not sure about new guidelines. So if you can tell me this.***

- ***doctor** : (**start to explain BLS**) definitly we will talk today about BLS , but Please ahmed feel free and stop me If anything not clear , And also if u have any question , I will be happy to answer you.*
- ***First of all you must remember 3 s approach which are :***
  - ✓ ***safety of rescue and child.***
  - ✓ ***stimulate the patient to check child responsiveness***
  - ✓ ***shout for help.***
- *Are u following me dr. ahmed ?*
  - ***Ahmed** : yes doctor sure*
- ***Doctor :** you have any idea what are the main steps of CPR ?*
  - ***ahmed :** yes I remember A,B,C*
- ***Doctor :** (explain what is ABC) very good doctor as you know*
  - ✓ *A for airway*
  - ✓ *B for breathing*
  - ✓ *C for circulation*
  - ***Ahmed :** but doctor I heared that now change this and become CBA , am I right ?*
- ***Doctor :** yes you are not wrong this changes in other country like USA , but here in UK we are still follow the old protocol which as I indicated early A,B and C. , is it clear ?*
  - ***Ahmed :** yes doctor .*
- ***Doctor :** (explain A) now let us to explain in more details A,B and C*
  - ✓ ***A as we know is for airway , you need to assess airway by open the airway** by one of the following method : head tilt method like this (show in the model) or by jaw thrust method which is like this , in case of you suspect injury to the head and neck. Are you following me ?*
  - ***Ahmed :** yes doctor , continue*
- ***Doctor :** (explain B) then will go for B which stand for breathing assessment , you must check is this patient breathing or not by look ,listen , feel approach :*
  - ✓ *Look for chest movement*
  - ✓ *Listen for breathing sound coming out , or*
  - ✓ *Feel , are following me ahmed ? can you tell me what you will do if patient not breathing ?*

- ***Ahmed :*** *realy I forget doctor , can you remembering me ?*
- ***DOCTOR :*** *yes defiantly ahmed ? either you will do 5 rescue breath , is it clear till now ?*
- ***Ahmed :*** *yes doctor*
- ***Doctor :*** *(EXPLAIN C) now will go for c which stand for pulse , which check for pulse , checking the pulse in infant in brachial , and child in carotid area . so if no pulse what you know what you will do ?*
- *Ahmed : yes doctor i will do chest compression*
- *Doctor : good ahmed you know what is the ratio between breathing and chest compression ?*
- *Ahmed : yes , I think 30 compression to 2 breath.*
- *Doctor : for children it's 15 : 2 at speed of 120 /min to degree that 2/3 of chest compressed. Is it clear till this point.*

Finalization: *when announcing 2 minutes left*

- *At the end we go briefly through the point which we discuss.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

EDUCATION

Scenario 13 (CLINICAL AUDIT): *Rebecca page 205-206.*

Ahmed is your junior colleague interested in pediatrics , today joined your department . she want to know about audit cycle.

TASK : EXPLAIN TO AHMED WHAT IS "AUDIT CYCLE" AND IT IS RELEVANCE TO CLINICAL MEDICINE .

Introduction:

- *Doctor : (introduction) Hii good morning. How are u dr. ahmed , and how u found our department? I am dr. mohammed registrar working in this hospital I think you meet me before*
    - *Ahmed : yes doctor .the work is interesting.*
- *Doctor : (ice break - motivation) welcome to our department , I am happy today to sit with keen junior colleague who is interested in pediatric.*
    - *Ahmed : thank you doctor*
- *Doctor : (clarify agenda of meeting) I know that you have some concern about audit cycle , am I right ?*
    - *Ahmed : yes doctor*

  Doctor : (agenda of meeting)ok , so that why I am here today to discuss this important topic , for this I made arrangement so as no one will disturb us , But before that I want from you if any point not clear please stop me , and if you want another college to attend with you it's welcome
    - *Ahmed : thank you doctor.*

Body:

- ***DOCTOR : (check previous knowledge of audit cycle) yes this an important topic ,do u have an idea before about this topic?***
    - ***AHMED : yes , the thing which I know it's something done in the department for improving the health care , am I right?.***
- ***DOCTOR : (explain what is audit cycle) yes you are right, but let us to make it more clear for you . Please dr. ahmed feel free and stop me If anything not clear .***
  audit is aprocess used by health professional to assess , evaluate and improve patient care by comparing what is being done "our practice " with what should be done " standard ".is it clear ?
    - *ahmed : yes doctor , but what is different b/w audit cycle and research ?*
- ***doctor : (difference b/w cycle and research) it is not like a research (a research is discovering something not present , like we want to know the incidence of some disease), did u understand what I told ? so please tell me***
    - *ahmed : yes doctor , start to repeat what doctor say .*
- *doctor : (**check knowledge of stages**) actually there are 6 stages of audit cycle , did u ever heared about these stages ?*
    - *ahmed : no.*
- *doctor : (explain stages 1-3 by drawing) ok , I will explain to you more*
    - ✓ ***1st stage*** *is to **select atopic** / raised question with agree of the team working in the department , the topic must be common , cost effective , measurable and is our priority. like to screen of hip dislocation (because many cases missed).*

- ✓ ***2nd stage*** *is to* ***select standard*** *which most appropriate for us like nice guidelines , AAP, or local standards e.g they are doing routine hip U/S for all at risk (female , breech , history of dislocation , ……..)*
- ✓ ***3rd stage*** *is to* ***collect data*** ***and see our current practice .****e.g: we are not doing routine hip u/s for all at risk.*

- *(****recheck his knowledge*** *) Are u following me dr. ahmed , so can u tell me what I explained to you so far?*
  - ***AHMED****: repeat what doctor said.*
- ***DOCTOR :*** *(check knowledge of remaining stages) excellent doctor , let us to explain the remaining other 3 stages , did u remember any of them ? check his knowledge*
  - ***AHMED :*** *no I am not remember.*
- ***DOCTOR :*** *(explain stages 4-6)*
  - ✓ ***In Stage 4*** *we* ***comparing current practice to standard*** *and see how to implement changes.*
  - ✓ *And* ***in stage 5*** *we will* ***implement changes****.(to do hip u/s for those at risk).*
  - ✓ *In* ***stage 6*** *we will* ***evaluate all above stages*** *and whether further changes are required. and* ***re audit to complete*** *the cycle.*
- *Are u following me dr. ahmed , can u repeat for me what we discuss (recheck his knowledge)*
  - ***AHMED :*** *repeat what doctor said , who is participate in audit cycle ?*
- ***DOCTOR :*** *hospital director , statical , doctors , nurses , supervisor all health team must know and participate in audit cycle.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , I hope that I explain to you what u want to know about audit cycle , and in brief I will tell u what we are discussed , that is ……..*
- *I will* ***refer you to audit cycle office*** *in our hospital to support you.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Difficult situation

Scenario 36 : MB 147 delay diagnosis of DDH.

Task *: talk to angery mother of 10 month old child who has been diagnosed with developmental hip dysplasia .*

Introduction :

- *Doctor : (introduce / to whom you talk) hii , good morning , I am doctor mohammed peadiatric registrar working in this hospital , I believe I am talking to mrs Fatima mother of ali*
    - *Mother : yes , you are right.*
- *Doctor : (ice break): nice to meet you today , how are you and how is your child ali ?*
    - *Mother : I am fine , but my baby ali having asymmetrical hip .*
- *Doctor : (agenda of meeting) I am here today to talk to you about ali's condition.*
    - *Mother : why not diagnosed since birth doctor ?*
- *Doctor : (arrangement and attender) I made arrangement for this meeting so as no one will disturb us , and if you want any to attend with you it's welcome.*
    - *Mother : thank you.*

Body :

- *Doctor : (clarify her concern) can I know what is your concern exactly ?*
    - *Mother : actually doctor as I told you my baby having problem in his pelvic bone called "hip". And I am very worry .*
- *Doctor : (explain hip dysplasia) I appreciate your feeling mrs Fatima , The hip is a "ball-and-socket" joint. In a normal hip , the ball at the upper end of the thighbone which called (femur) fits firmly into the socket, which is part of the large pelvis bone called "a cetabulum ". In babies and children with developmental dysplasia (dislocation) of the hip (DDH), the hip joint has not formed normally. The ball is loose in the socket and may be easy to get out of the socket (dislocatable) or already out of the socket (dislocated).*
    - *Mother : but doctor , what not picked early ?*
- *Doctor : (explain why not discover early) I appreciate your feeling , but I want to inform you that every effort is made to pick up abnormal hips clinically , but the condition is not always able to be diagnosed at birth .*
    - *Mother : I am not understand doctor , how you how made effort and not discover.??*
- *Doctor : (explain what you did to discover DDH) I appreciate your concern actually in our department . every newborn is routinely examined througly and as part of this routine examination of hip bone try to find hip not in place test called "ortalani and barlow's ". But unfortuntly in case of your baby not discovered.*
    - *Mother : but doctor no other way to do to discover these problem.*

- *Doctor : (explain other way to diagnosis) yes there is other way to discover this problem , to do jelly scan for the hip bone .*
    - *Mother : so why not doing for my baby*
- *Doctor : (explain to whom u do US – risk) I appreciate your concern but our protocol in our hospital we offer only jelly scan to especial group of babies to those who having sibling with same problem , those who delivered with their bottom not with head , esp if the baby is first baby and female.*
    - *Mother : but what about those babies not having this risk factors ?*
- *Doctor : (explain cases not diagnosed and resolve) actually our hospital protocol we cannot offer to all newborn babies. some cases are missed , and out of these many resolve spontaneously*

Finalization :

- *Now in **brief we can go over points which we just discuss** about DDH , and unfortuently not discover early .*
- *I will provide you leaflet, web sites and written advice about DDH .*
- *If you want I can offer you another meeting with my consultant. And doctor of bone will explain more about this.*
- *Have you any question or concern.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Child neglect

Scenario (Rebecca p.239): child neglect .

Task: discuss with your colleague his concerns about one mother who neglect her babies..

Introduction :

- *Doctor (introduction) : hii good afternoon , how do you do dr.ali ?*
  - *Ali : good afternoon dr. mohammed , I am fine .*
- *Doctor (ice break and) nice to meet you today .*
  - *Ali : thank you dr. nice to meet you too.*
- *Doctor (agenda of meeting) could I took some of your time doctor ali to discuss with you my concern regarding mother brought her children this morning to OPD.?*
  - *Ali : yes doctor , sure I am listening to you.*
- *Doctor : thank you I appreciate this from you.*

body :

- *Doctor : (check previous knowledge) actually today one mother called vicky brought her 2 children to treat skin rash , and shout on them , you remember her ?*
  - *Ali : yes I saw her .*
- *Doctor : you observe anything wrong with her or with her children ?*
  - *Ali : yes I observe that her children is dirty and filthy and mother shouting on them without obvious cause. Which surprising me.*
- *Doctor (explain your concern) I observe the same thing exactly , yes the children looks dirty , filthy and wearing dirty clothes and mother behave abnormally with them , , and as we are treating child as whole not only the rash , so I afraid that may we are facing case of child neglect . and also there is history of domestic violence , so also there is possibility of domestic violence , are you agree with me dr.ali.*
  - *Ali : yes I agree with you doctor , but this is serious !!! .*
- *Doctor (explain seriousness of child neglect) yes unfortunately it is serious because as you know child neglect is a form of child abuse and also on view of this domestic violence there also possibility of physical abuse and other sort of abuse.*
  - *Ali : you want to say that child neglect it could be serious as physical abuse .*
- *Doctor (explain definition of child neglect) yes it is very serious. Because the child neglect means persistant failure to meet child basic physical and psychological needs can lead to serious impairement of child health , growth and development.*
  - *Ali : so it's realy dangerous .*
- *Doctor (continue definition of child neglect) also in child neglect the parents may fail to provide adequate food and shulter , and fail to give good hygiene and care of child for this as you observed these two children look dirty. Also fail to protect them from physical*

harm they can fail to provide medical needs of children ., all of that have bad impact on child now and later on in the future.

- *Ali : but how we can help this children ?*

- *Doctor (check previous knowledge of management) this good point from you , and you see our role as doctor to protect child from any suspect of harm , so what you think dr. ali to do to help these children.*
  - *Ali : sorry dr. I have no idea , I am not face problem like this before.*
- *Doctor : (explain steps of management) as doctor our responsibility is to identify and recongnize any possibility of child abuse and report our concern to appropriate authorities as well as share information with other agencies .*
  - *Ali : I think doctor , we must share our suspicion with social services , because their duties to provide safe environment at home .*
- *Doctor : (continue management) yes you are absolutely right , we can also collect more information of the family by get help of health visitor regarding this , and also later on we need to involve other agencies for assessment and management plan.*
  - *Ali : it seems to be difficult job doctor , from where we will start*
- *Doctor : (continue management) ok doctor , initially we must assess this child and examine thoroughly , because on view of this child neglect we suspect other abnormality , you have any idea , how we will assess this child ?*
  - *Ali : no , I have no idea.*
- *Doctor : (explain types of assessment of neglected child) assess them:*
  - ✓ *medically assessment because may have under treat infection and under treat medical condition.*
  - ✓ *to assess their development and growth because they are developmentally and growth delayed ,*
  - ✓ *assess their speech they may lack stimulation so also may have speech delay .*
  - ✓ *and also nutritional assessment may be under weight or anaemic because they may have adequate food , you have any more suggestion.*
  - *Ali : yes , I think we must look for hidden or apparent injury on view of h/o domestic violence*
- *Doctor : (continue management in case of physical abuse) yes you are absolutely right , in case of child abuse we must admit patient because this is best of interest of child , and do many investigations skeletal survey r/o any fracture of bone , also brain imaging and also we can go further for ophthalmologist*
  - *Ali : but doctor I think mother will not agree with this*
- *Doctor : yes , possible , but I think it's important before doing anything , first is to sit with mother to discuss our concern honestly and clearly with her , that we are suspecting possibility of harm to your child and explain to her that we are here to protect your child and for best interest of her child .*
  - *Ali : but if still insist*

- *Doctor : yes you must tell her and listen for her concern , may be mother will disclose of domestic violence and need our help ,*
    - *Ali : but what we will do if shouting and not agree with us.*
- *Doctor : any way you should be honest and tell her everything and even you will inform her we will share information with other agenecies like social service and involve of police if this seem best interest of child .*
    - *Ali : I think this will make conversation more difficult.*
- *Doctor : I understand it is not easy job . but any how we must do our duty and safety is our priority , you have any more comment.?*
    - *Ali : no*
- *Doctor : I forget to inform you that we need to involve our consultant and senior college and discuss our concern with them because we cannot go further without discuss this issue with them.*

Finalization :

- *Thank you dr. ali for listening to me today , Now let us to go in brief through the points which we agree together , I discuss with you today my concern regarding mother who neglect her children and also there possibility of physical abuse because h/o of violence and also there is brusis around the eyes , and as doctors our responsibility to recognize and share information with other agenesis , and we discuss how to manage like these cases with regard to safety of child.*
- *Thank you dr. ali.*

Information about child neglect /abuse :

- *Definition of child neglect :*
    - *is failure of meet basic needs of child , most common and dangerous form of abused.*
- *Types of neglect:*
    - *Physical neglect : dirty*
    - *Emotional neglect.*
    - *Education neglect.*
    - *Medical neglect.*
- *Risk factors of child neglect :*
    - *h/o parent abused them selfes .*
    - *living in poverty , un situable housing.*
    - *mental health problem ,*
    - *lack of support ,*
    - *alcohol and drug addict of parent.*
- *Impact of neglect :*
    - *Mental health problem*
    - *Away from home*

- *Development and growth delay.*
- *Lack of contact….speech delay.*

- *Management :*
  - *Talk to parent , (interact with them according to risk factors , cause*
  - *Health visitor give more information.*
  - *Social servces*
  - *Check for signs of physical injury like fracture , brusis*
  - *Developmental assessment*
  - *Medical assessment*
  - *Nutritional assessment.*

EDUCATION

Scenario 14 (evidence base medicine) *: Rebecca page 207-208.*

Ahmed is 6th yrs medical student interested in pediatrics , today joined your department . she want to know about EBM.

TASK : EXPLAIN TO AHMED WHAT IS "EBM" AND IT IS RELEVANCE TO CLINICAL MEDICINE .

Introduction:

- *Doctor : Hii good morning.*
- *Doctor : (ice break) How are u dr. ahmed , and how u found our department?*
  - *Ahmed : it's good*
- *Doctor : (welcoming – motivation) welcome in our department. I am happy to sit with enethuastic and keen medical student like you .*

Body:

- ***DOCTOR*** *:(**clarify the agenda**) so can you please tel me dr. ahmed why u want to sit with me today?*
- ***AHMED :*** *doctor I heard this morning in the round about evidence base medicine , I want to know more about it.*
- ***DOCTOR :*** *(**check previous knowledge**) yes this an important topic ,do u have an idea before about this topic?*
- ***AHMED*** *: yes , the thing which I know it's something done in the department for improving the work , am I right?.*
- ***DOCTOR*** *: (**explain what is EBM**) yes you are not wrong, but let us to make it more clear for you .**before that if you have any point not clear stop me at any time.***
  Evidence base medicine is wise use of best evidence available in making decisions to improve care of the pt. (which means applying relevant , up-to date research findings to the management of your patient)
  or you can say it is integration of the best available evidence with individual experience . Is it clear ?
  ahmed : yes , doctor . I want to know how to do it ?
- *doctor : (check knowledge of stages) ok , they perform these through stages , did u ever heared about these stages of EBM ?*
- *ahmed : no.*
- *doctor : **(start to explain stages by drawing digram**) ok , they are 6 stages ASK , ACQUIRE , APPRAISE , APPLY , ASSES :*

- ***1st stage is when u faced a clinical problem*** *regarding care of individual pt. (e.g : wheezy chest)*
- ***2nd stage is to formulate a question to the problem*** *, they are 4 questions " PICO " :*
  - ✓ *P : what are pt.? e.g pt. e viral induce wheeze.*
  - ✓ *I : what is intervension ? steroid*
  - ✓ *C : comprasion with whom ? pt. not used steroid.*
  - ✓ *O : what is outcome ?*

    So question will be like this : what is outcome "O" if use steroid "I" in pt e viral induced wheeze "P" in comparison to pt. not used steroid "C".
- ***3rd stage is search for the evidence*** *(current researches in library , internet , and clinical data base e.g: Cochrane libary , NICE guidelines).* ***to found soluation for our problem****.*

- *Doctor :(**recheck his knowledge**) Are u following me dr. ahmed , shall I continue ?*
- ***AHMED*** *: yes doctor , continue.*
- ***DOCTOR :*** *(check knowledge) excellent doctor , let us to explain the remaining other 3 stages , did u remember any of them ?*
- ***AHMED :*** *no I am not remember.*
- ***DOCTOR :*** *(continue explain other stages of EBM)*
  - ***In Stage 4 evaluate the evidence by seeing is it applicable and suitable research for our pt.*** *e.g: found from research no benifts of steroid in reducing wheezy chest , steroid have side effects more than benefits.*
  - *And in* ***stage 5 make decision to Apply this research*** *or not? , by see what is our priority , pt. preferences " i.e involve parents in desion " and our clinical experience e.g from above make desion to use steroid in wheezy chest or not ?*
  - ***In stage 6 we will evaluate your performance by evaluate all above stages and formulate action plan for best care of our pt.***
- *Doctor : (recheck his knowledge) Are u following me dr. ahmed , can u repeat for me what we discuss so far?*
- ***AHMED :*** *repeat what doctor said, can u tell what is old and new clinical methods of EBM?*
- ***DOCTOR:*** *(explain the old and new method) ok , old method is depend on experience which pass from doctor to doctor , but new method is depend on research and experience.*
- ***AHMED :*** *what advantage of new method over old method ?*
- ***DOCTOR :*** *in new method doctor , parents and pt all know risk factor , side effect and outcome , not like old method.*

Finalization: *when announcing 2 minutes left*

- *I hope that I explain to you what u want to know about EBM , and in brief I will tell u what we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

<u>Stages of EBM :</u>

STAGE 1 :formulating an answerable clinical question.

The frame work most commonly used to formulate answerable question has four components (PICO):

P : for the pt. with the pathology (eg: preterm <30weeks).

I : intervention , diagnostic test or exposure of interest.(e.g prophylactic surfactant administration)

C : the comparsion group (babies not given surfactant prophylactic).

O : outcomes of interest (eg: death , CLD , IVH , pneumothorax).

The question will be like this : what is outcome incase surfactant used prophylactic in preterm less than 30 weeks in comparing with the surfactant used only in case of HMD in same group.

STAGE 2 : searching for evidence :

STAGE 3 : evaluate each evident : 4 main stages to evaluate evidence

1. ***Relevant : select most relevant paper***
2. ***Validity : do u believe the result check the hypotheses random and systemic error(by checking methodology).***
3. ***Significant : is the result significant***
4. ***Applicability : is it applicable to my pt.***

STAGE 4 : Apply the evidence to your pt. the following questions is important when coming to decied either to apply or not :

1. ***Is your pt. is similar to those pt. studied.?***
2. ***Do side effects of treatment outweigh the benefits?***
3. ***Affordability : is it available and cost effective***

Stage 5 : evaluate your performance : did outcome imporved?

Difficult situation

Mother insist for investigations for simple viral infections

Task *: talk to the mother of 18 month old child who has been seen several times with uncomplicated viral infections . her mother are demanding tests of her immune functions.*

Introduction :

- *Doctor : (introduce / to whom you talk) hii , good morning , I am doctor mohammed peadiatric registrar working in this hospital , I believe I am talking to mrs Fatima mother of ali*
    - *Mother : yes , you are right.*
- *Doctor : (ice break): nice to meet you today , how are you and how is your child ali ?*
    - *Mother : I am fine , but my baby ali having recurrent infection doctor*
- *Doctor : (agenda of meeting) I am here today to talk to you about ali's condition.*
- *Doctor : (arrangement and attender) I made arrangement for this meeting so as no one will disturb us , and if you want any to attend with you it's welcome.*
    - *Mother : thank you.*

Body :

- *Doctor : (clarify her concern) can I know what is your concern exactly ?*
    - *Mother : actually doctor as I told you my baby got upper respiratory tract infection several times , I am worry doctor and I need to do for him test of his immune system.*
- *Doctor : (check previous knowledge) I appreciate your feeling mrs Fatima , I want to reassure you that , repeated viral infection are normal for this age group , and nothing to worry about. And let us to understand what you know about viral infection ?*
    - *Mother : only I know this infection present e episode of running nose , cough , and*
- *Doctor : (explain upper respiratory tract infection) ok , this good point A cold is an infection of the nose and upper airways caused by a germ (virus). They are extremely common.. Many different viruses can cause a cold. This is why colds come back (recur), and immunisation against colds is not possible.*

- *Infections of the throat (larynx), or the main airway (trachea), or the airways going into the lungs (bronchi) are also common. Doctors often just use the term upper respiratory tract infection (URTI) to include any, or all, of these infections. Most URTIs are due to a viral infection*
    - *Mother : but doctor , he has 7 times last year urti , is it normal doctor ?*
- *Doctor : as indicted above , in a young child we expect about 3-8 colds a year it's normal.*
    - *Mother : doctor I am worry I want to investigate his immune system*

- *Doctor : (reassurance / red flag signs) I appreciate your feeling , but I want to reassure you that immune function is investigated for recurrent , severe , prolong , or unusual infections. Therefore, see a doctor if symptoms do not start to ease within a few days, or if you suspect that a complication is developing. In particular, symptoms to look out for that may mean more than just an URTI include:*
    - ✓ *If high temperature (fever), musical sound coming from chest " wheezes " or headaches become worse or severe.*
    - ✓ *If you develop fast breathing, difficulty of breath, or chest pains.*
    - ✓ *If you cough up blood or if your phlegm (sputum) becomes dark or rusty-coloured.*
    - ✓ *If you become drowsy or confused.*
    - ✓ *If a cough persists for longer than 3-4 weeks*
    - *Mother : but doctor I feel my baby health not ok*
- *Doctor : (reassurance) don't worry since your baby growing normal which reassuring , your baby only having simple viral infection , and some evidence suggest that viral infection in preschool children can have beneficial effect on immune system (reducing allergy).*
    - *Mother : how can I help him ?*
- *Doctor : (explain management) There is no magic cure! Typically, symptoms are worse in the first 2-3 days, and then ease over the next few days as the immune system clears the virus. A main aim of treatment is to ease symptoms whilst your immune system clears the infection. The most useful treatments are:*
    - *Taking paracetamol, ibuprofen, or aspirin to reduce a high temperature (fever), and to ease any aches, pains and headaches. (Children aged under 16 should not take aspirin.)*
    - *Having plenty to drink if you have a fever, to prevent mild lack of fluid in the body (dehydration).*
    - *If you smoke, you should try to stop for good. URTIs and serious lung diseases tend to last longer in smokers.*
- *Mother : I can't use antibiotics ?*
- *Doctor : (no role of antibiotics)Antibiotics do not kill viruses, so are of no use for common coughs and colds.*
    - *Mother : what about remedies ?*
- *Doctor : Cough or cold remedies may be advertised and are sold in pharmacies. They contain various ingredients or combinations of ingredients such as paracetamol, decongestants, antihistamines and cough remedies. However, there is no convincing evidence that these cough and cold remedies work. Also, they may have unwanted effects such as allergic reactions, problems with sleeping or making you see or hear things that are not really there (hallucinations).*

Finalization :

- *Doctor : now in brief we will go through important points Coughs and colds are usually caused by infection with a germ called a virus. They normally clear away on their own, and antibiotic medicines are usually of no use. Paracetamol or ibuprofen may ease some of the symptoms. Make sure the child has enough to drink.*
- *I will offer to you web site and leaflet for more information*
- *I will also offer appointment for f/up.*
- *Thank u.*

EDUCATION

Scenario 15 (hygiene hypothesis)*: Rebecca page 209.*

Ahmed is 4th yrs medical student interested in pediatrics today joined your department . heard about asthma increasing among those with excessive cleanliness.

TASK : TALK TO AHMED ABOUT THE ' HYGIENE HYPOTHESIS ' AND HOW THIS RELATED TO ASTHMA.

Introduction:

- *Doctor : (introduction/ introduce to whom you talk) Hii good morning. I am doctor Mohammed , pediatric registrar working in this hospital , I believe I am talking to ahmed 4th year medical student who join our department recently.*
  - *Ahmed : yes you are right.*
- *Doctor : (ice break) how are you and how you found the work in our hospital*
  - *Ahmed : it's interesting doctor , I am fine .*
- *Doctor : (Motivation/ welcoming) welcome , and I hope you will enjoy working in our department, I am happy to sit with very keen medical student like u who interested in pediatric .*
  - *Ahmed : thank you doctor.*

Body:

- *Doctor : (clarify agenda of meeting) I came to know that you have some quiry about hygien hyposis and how this is related to b.asthma . today I will discuss this issue with , I made arrangement so as no one will disturb us .*
  - ***AHMED :*** *yes , doctor.*
- ***DOCTOR :*** *(**check previous knowledge**) before I start can you share with me your idea about hygien hpothisis ?*
  - *Ahmed : yes doctor , as far as I understand hygien hypothesis meaning excessive cleaning is responsible for epidemics of b.asthma. and this really confusing me doctor.*

- *Doctor : (clarify role) today I will try to explain to you simply , and Please ahmed feel free and stop me If anything not clear .*
- *Let us to arrange our discussion into points we will discuss definition of hygien hypothesis ,views that support hygien hypothesis and views that against hygien hypothesis. ok ?*
- *(explain what is hygien hypothesis)Regarding definition hygien hypothesis it is a theroy that telling lack of exposure to microorganism such as bacteria , viruses and parasite during early childhood will increase the susceptability to allergic condition including the b.asthma. this means as much as children exposed to microorganism in early childhood this will lead to well develop of their immune system so that it can differnited b/w harmfull and harmless substance , so it will not interact with many allegens , so decrease incidence of bronchial asthma. Am I clear so far ahmed.*
    - ***AHMED** : yes doctor continue.*
- ***DOCTOR** : (**check previous knowledge of views support hypothesis**) there some views support hygien hypothesis ahmed what do you think their opionin regarding this ?*
    - ***AHMED : I think doctor their opionin based on increase of b.asthma in children who live in developed countries .***
- ***DOCTOR : (explain views support hypothesis) yes you are right ahmed as you see incidence of b.asthma is less in those who living in rural areas and more exposed to dirty environment and playing with animals because their immune system is well develop and strong , in comparing to children who live in city area , in good hygien and less exposed to dirty environment we found incidence of b.asthma is high among them , are you following me ?***
- ***AHMED :** yes continue doctor*
- ***DOCTOR :** (check knowledge of methods of good hygien) do you have an idea about life style in cities which improve hygien and participate in clean environment ?*
- ***AHMED :** yes doctor , like disinfectant soap for hand washing , and disinfectant solution for cleaning floors and for equipment cleaning.*
- ***DOCTOR :** (explain views against hygien hypothesis) yes you are right , now can you tell me about views that against hygien hypothesis*
- ***AHMED :** no I have no idea*

- ***DOCTOR :*** *(explain views against hypothesis) this group based their opionin on that children who exposed to dirty environment and dust may exacerbate b. asthma because contain a lot of allergens and viruses like RSV and also dirty environment can lead to serious environment like samolena and E.coli . am I clear so far ?*
    - *Ahmed : yes doctor.*
- *Doctor : (explain conclusion)finally we can say although hygien hypothesis mentioned in british guideline of b.asthma , but there is paper published in 2005 told that it is unlikely this hypothesis alone responsible of increase incidence of b.asthma , so ahmed this hypothesis is still theory need more study and support . so ahmed can you sum up what I have told you ?*
    - *Ahmed : yes you told me that h.hypothesis is the theory which say the children as much as exposed to microorganism will decrease the incidence of b.asthma , and also we discuss that views support and views against this theory.*

Finalization: *when announcing 2 minutes left*

- *and in brief I will tell u what we are discussed , that is ……..*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites , and if u want we will discuss more in next meeting.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Information delivery

Scenario 38: (fussy eater baby) *MB (page 147).*

Hala is 2years old fussy eater , mrs Mona is a mother.

TASK : GIVE ADVICE TO WORRIED MOTHER REGARDING HER FUSSY EATER BABY.

Introduction:

- *Doctor : (introduce yourself/to whom you talk) Hii good morning. Iam doctor Mohammed , pediatric registrar. Working in children ward. I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes you are right.*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me today. How are you ?*
  - *Mother : I am fine*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding hala condition and it's management .*
  - *Mother : I hope so.*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you it's welcome.*
  - *Mother : no , thank you doctor.*

  Body:
  - ***DOCTOR:*** *(check previous knowledge of pt.) Can u please tell me why you want to sit with me today ?*
  - ***MOTHER:*** *actually doctor I am very worry about my 2yrs old girls who is not like food " fussy eater".*
- ***DOCTOR:*** *(check her previous knowledge)*

  I appreciate your concern and as you know most toddlers have "good" and "bad" days when it comes to eating , you did not heard about fussy eater before.
  - ***MOTHER:*** *no this first time I heard . really I am very worry about my daughter.*
- ***DOCTOR*** *: (explain fussy eater/ reassure) It's natural for parents to worry about whether their child is getting enough food, especially if they refuse to eat sometimes. I appreciate this*
  - *The trick is not to worry about what your child eats in a day, or if they don't eat everything at mealtimes. It's more important to think about what they eat over a week. Because most of toddlers are capable of regulating their own intake of food and drink.*

    It's very reassuring as long as your child is active and gaining weight, and it's obvious she is not ill, then they're getting enough to eat, even if it may not seem like it to you.Are you following me ?

- ***Mother** : yes doctor.*

- ***Doctor** : (check previous knowledge) good , now tell me have you any idea what are clues that child had enough food ?*
  - ***Mother** : no. I have no idea*
- ***Doctor: (explain cues of having enough) clues by which you recognize your child has had enough are :***
  - ***when your child saying "no".***
  - ***keeping their mouth closed when food is offered.***
  - ***Pushing away the spoon or bowel .***
  - ***Holding food in the mouth and refusing to swallow it.***

  - *Mother : really doctor I fed up , I don't know what I will do ?*
- ***Doctor: (reassurance / give advice to help)***
  - *Encourage the family to eat together , away from distraction such as TV . The best way for your child to learn to eat and enjoy new foods is to copy you. Try to eat with them as often as you can so that you can set a good example.*
  - *Discourage consuming too much milk or snacks in between meals.*
  - *Discourage the drinking of juice or squash , especially between meals.*
  - *Encourage the use of finger foods rather than parent- led spoon feeding. Allow the toddler to take control of his intake , to handle the food and to make a mess with it. Give him many small portions of different foods.*
  - *Avoid using sweets as reward for eating (as this discourage the child from enjoying the first food that is offered.*
  - *If your child rejects the food, don't force them to eat it. Just take the food away without comment. Try to stay calm even if it's very frustrating.*
  - *Make mealtimes enjoyable and not just about eating. Sit down and chat about other things*
  - *Changing the form a food comes in may make it more acceptable. For example, a child might refuse cooked carrots but enjoy raw, grated carrot.*
  -

  Doctor (recheck) are you following me ? now tell me what you understand ?
  - *Mother : telling what doctor said to her.*

  Finalization: *when announcing 2 minutes left*
    - *Now let us in brief going thru point which we discussed about fussy eater which is common among toddlers , and we talk about advices to help to improve bad eater.*
    - *I will provide you leaflet, and written advice about fussy eaters.*
    - *and also I can offer you health visitor f/up to give family support and monitor child's growth.*
    - *Have you any question or concern.*
    - *Now can you summarize what have been told?*
  - *At the end thank mother and examiner.*

DIFFICULT CONVERSATION

Scenario 15 : Shifting Pt. to Other H.(rebbeca page 243)
Background : mrs lowmass , mother of aimee which born at 27 weeks , she is now 3 weeks old , and stable after stormy neonatal period ,

Task : to inform mrs lowmass that aimee will be transferred later that day to another neonatal unit , and to try to address any concerns that she may have about this decision.

Introduction :

- *Doctor : good morning , I am doctor mohammed pediatric registrar working here , I believe I am talking to mrs lowmass amother of aimee.*
    - *Mother : yes , you are right.*
- *Doctor : how are you ?*
    - *Mother : I am fine doctor , thank you.*
- *Doctor : (agenda) today I will discuss with you issue regard your baby aimee , is it suitable time for you ?*
    - *Mother : yes doctor.*
- *Doctor : Do you like anybody else (partner) to be with you during our discussion? Soon the nurse who taking care of aimee will join us.*

Body :

- *Doctor : how you found aimee Condition today.?*
    - *Mother : she is good breathing with little amount O2 support and feeding well .*
- *Doctor : (check previous knowledge) you know why I am here today ?*
    - *Mother : no*
- *Doctor : (agenda of meeting) today actually our department decide to shift aimee to another neonatal unit in other Hospital.*
- *Mother : what !!!!! why doctor , Doctor : (explain Why you want to shift aimee) I appreciate your feeling we decide to shift him to other hospital because : understand it is difficult time but :*
    - ✓ *Aimee is the most Pt. stable in the unit & progressing good , feeding well and no longer requires NICU care like before . And also*

- ✓ *No other Pt. can tolerate transportation.*
    - *Mother : no I don't want to transport my baby to other hospital.*
- *Doctor : (continue justification behind shifting baby) actually as you see our nicu is v.crowded , and we excpected 25 weeks twins will delivered today and no available bed and definitely they need the same care which your baby recieved . and as you observed your baby growing well feeding well , and no longer requires NICU like before.*
    - *Mother : I don't want to transferred my baby , I feel my baby still may need more care*
- *Doctor : (reassure) I understand your feeling Mrs lowmass , and I want to reassure you that aimee will receive the same standard of care in the other hospital .*
    - *Mother : It's difficult for me to leave the Hospital after making good relations with nurse , and even family*
- *Doctor : I un you will go there and making good relation ship , have you any more concern ?*
    - *Mother : how I will go there and how far that hospital ?*
- *Doctor : yes ,*
- *Mother : I have family and I afraid who will take care of my baby*
- *Doctor : I will arrange and they will support you financial also*

Finalization :

- *Explain the transfer arrangement*
- *Give time &Offer another meeting that she can think about the situation.*
- *In brief let us go through important points which we discussed*

MMR Vaccine and egg allergy

MMR Vaccine Refusal

Scenario (MB page 150) : MMR vaccine and egg allergy.

Task: discuss with mrs madisson her concern regading MMR vaccine.

Introduction :

- *Doctor (introduce himself and to whom talk) : hello good afternoon , I am doctor mohammed pediatric registrar working in this hospital. I believe I am talking to mrs maddison mother of lewis .*
    - *Mother : yes I am.*
- *Doctor (ice break and) Thank you for your coming today , this means you are keen of your baby. I understand that you have some concern regarding MMR vaccine.*
    - *Mother (main concern) : yes doctor.*
- *Doctor (agenda of meeting) I am here today to discuss with you about MMR vaccine and clarify any concern you have.*
- *Doctor : (attender / arrangement) I arrange this meeting that no body will interrupt us. you want anyone to attend with you*
    - *Mother : no thank you doctor.*

body :

- *Doctor (check previous knowledge) first let me know what you know so far about MMR.?*
    - *Mother : really my baby is due for MMR and I afraid may harm him because having egg allergy .*
- *Doctor (explain what is the MMR and its effect) ok I appreciate this , first of all I will try to explain what is MMR , but at any point if you found me very fast or any point not clear stop me at any time .*
- *Actually MMR vaccine is substance composed of Weakened Versions of measles , mumps and rubella viruses. Introduce to the body through intramuscular injection and it will enhance our defence system to produce antibodies againt 3 viruses which are very dangerous viruses and causes different problems and can even cause death , but since vaccine started it eradicate these 3 diseases. And also b/c are weakened no transmission to other children . are you following me ?*
    - *Mother : yes I am following but doctor I am afraid because my baby having egg allergy .*
- *Doctor : (correct false concepts / reassure) yes I respect your view , and I understand why you are worry and concerned , I heard this concept from many mother , but I want to reassure you that we are not exposed your child to anything that could put him at risk unnecessarily , **the good news that Children with Egg allergy should have MMR Vaccine .***

And Studies suggest that no increased risk of allergy among those who have Egg allergy.

- *Mother : but I saw my sister baby having egg allergy and develop severe allergy .*

- *Doctor :(allergy of MMR due to components of vaccine and not to egg allergy) as any other vaccines allergic reactions to MMR vaccine can occur , but not due to egg antigen , it is due to components of the vaccine itself which contain gelatin and neomycin.*
    - *Mother : can MMR vaccine given to baby of egg allergy in outpatient or at hospital ?*
- *Doctor : (explain MMR vaccine given in hospital for severe egg allergy) yes , you are right children who have severe allergy and coexisting asthma are occasionally vaccinated in hospital (although this practice controversial), currently Children with mild reaction to Egg can be safely given MMR in community health centre. Are you following me ?*
    - *Mother : yes , I am following you , can you tell me what are unwanted effects of MMR vaccine ?*
- *Doctor (explain side effects of MMR vaccine vs benifits) definitely any vaccine have side effects , so very rare MMR vaccine can have :*
    - ✓ *Local effects like : minor redness / pain / skin spots "rash" / swelling gland of the neck " lymphadenpathy " .*
    - ✓ *And Generalized effects like : Fever ± Fits / affect the brain later " SSPE.(rare)"., ITP*
- *But as I indicated earlier you know if your baby at risk of getting measles which may cause lung infection , convulsions , encephalitis and even can lead to death, so in comparison, the benefits of vaccine over weighing the risk of vaccine.*
    - *Mother : also I read in the media that there is relation of this vaccine with autism .!!!*
- *Doctor (correct false idea of MMR and autism) I appreciate your concern , actually the study show NO relation between MMR & Autism or Bowel Problems , yes before there are stories in media like this , but now these stories is out of date (not true.)*
    - *Mother : but doctor I am still not convenced to give my baby this vaccine*
- *Doctor (reassure) It is your own decision of you to give or not , I am here today to provide you with right information to aid you understand the right concept . Although I hope that you will agree because this is best interest of your child , but still I will not push you to agree.*
    - *Mother : I heard that also if three component of vaccine given separately may reduce side effects ?*
- *Doctor : (The 3 components Should be given together) The Vaccine should be given as whole(MMR) for maximum effect &lowest S.E.)are you following me?*
    - *Mother : yes doctor .*
- *Doctor : can you tell me what you understand from this meeting ?*
    - *Mother : yes I understand that measles …….*

Finlization :

- *Now because of short time let us to high light important points of our discussion ……. that is MMR vaccine is highly effective against 3 dangerous viruses , and can be given safely to pt. with egg allergy .*
- *I will provide you trust web sites and book where you found more information about all vaccines .*
- *I can arrange another meeting with my consultant if you have more quiry or unanswered questions*
- *Have any more questions*
- *Now can you summarize for me .*
- *Thank you.*

Influenza vaccine and egg allergy :

DIFFICULT CONVERSATION

Scenario (rebbeca page 245) : Parents Asking for Something You don't Know(ECMO)

Task :

Introduction :

- *Doctor : good night , I am doctor mohammed paediatric registrar working in this hospital , I believe I am talking to ahmed a father of ali*
    - *Father : yes you are right doctor*
- *Doctor : (ice break) : first of all congratulation for birth of ali , and nice to meet you today .*
    - *Father : thank you doctor.*
- *Doctor : how is your baby ali , and what they told you so far about his condition ?*
    - *Father : yes doctor my baby is ok now but they plan to do operation for him , and after operation they want to connect him to machine called ECMO , I am worry about this machine ?*
- *Doctor : ok , I appreciate your worries ahmed , and today I will explain to you about ECMO ,but before start I want from you to be free and ask me any question if any point not clear for you*
    - *Father : thank you doctor.*

Body :

- *Doctor : (check previous knowledge of mean of ECMO/be honset) be honest with you I have no experience of this machine because we are not use in our hospital but I can find out and come back to you. today I will try to give you general idea about the machine , so can you tell me what you know about ECMO ?*
    - *Father : actually I have no more information about this but which I understand it's amachine doing the same job of heart and/or lungs?*
- *Doctor : (explain what is ECMO) yes exactly ECMO is amachine doing the work of heart and lungs , ECMO is abbreviation for " extra corporal membrane oxygenation " , it's simply device outside body supply our body with oxygen. Is it clear till now ?*
    - *Father : yes doctor clear. But how it will work ?*
- *Doctor : (check previous knowledge of work of lung and heart) ok , but to make things more understandable let us to know how heart and lungs work , have you any idea ?*
- *Father : the thing which I know the lungs provide our body with oxygen*
- *Doctor : (explain physiology of heart lung and heart by drawing) yes you are right , actually blood which contain less amount of oxygen which is called " blue blood or deoxygenated blood" , go to the right side of the heart (as you know heart our heart is composed of 4 rooms , 2 on right side and other 2 on left side) then blue blood pumped*

from right side of the heart to the air bags which called " lungs" , the lungs will get rid of CO2 and give O2 , by this blood contain more oxygen and now called " red blood or oxygenated blood" , this red blood go to the left side of the heart , and from there heart pumped to the body to provide vital organ with oxgen. Is it clear ?

- *Father : yes doctor*

- *Doctor : so ECMO will do this function instead of heart and lung .*
  - *Father : yes , clear now , but how blood enter machine and coming out of it?*
- *Doctor : (explain how machine connect to body and work) yes , actually they will Insert large tubes (cannulae) in the large vessels of your baby neck , Blood is removed from the body through one tube , passing through a machine , CO_2 removed & O_2 added, Then red Blood Pumped back to the body through another tube. Is it clear ?*
  - *Father : why doctor need this machine for my baby*
- *Doctor : (explain indication of ECMO) when need to rest the Lung & The Heart. And as you know your baby having a defect early in pregnancy in membrane which separate the lungs from bowel , for this the bowel is going up and compressed the lung not allowing lungs growing in proper way , for this it become small. For this they use this machine for recovery of ali lungs.*
  - *Father : I read in internet there is many unwanted effects , I want to know more about*
- *Doctor : (check previous knowledge of risk of ECMO) what unwanted effects you read ?*
  - *Father : I know that can cause bleeding .*
- *Doctor : (explain risk of ECMO) yes you are right as any other invasive procedures having unwanted effect as you said :*
  - ✓ *Blood clotting and they use drug called heparin to prevent this.*
  - ✓ *Bleeding which occur esp. in water space of the brain called " ventricle " and for this they will montoring your baby closely for any effect ocucur .*
  - ✓ *Bugs can invade into the blood especially when tubes are inserted into blood vessels, as they give a direct route into the blood stream and this can be minimize by cleaning area before insertion of the tubes and they will monitor your child closely for any signs of infection and give antibiotics if needed.*
  - ✓ *vessel perforation , inncorret position Although the circuit is monitored continuously and checked on a regular basis for clots and other problems, complications can still occur.*
- *(reassurance) But I want to reassure you that The ECMO team are trained to deal with these situations and can often anticipate problems which they can then prevent. And this is procedure will be done in good centre with specialized skill full team with high success rate and good outcome.*
  - *Father : for how long my baby will be on this ECMO ?*
- *Doctor : (explain duration of ECMO) about one to two week , and may be longer this depend on the degree of effected organ .*
  - *Father : no other alternative doctor ?*

- *Doctor : no other alternative , this machine is only choise nowdays*
    - *Father : but for son of my neigbour having some problem but they are doing for him the same thing?*
- *Doctor : yes you are right , this machine not used unless there is severe effection on the organ like your baby lung. Have you any more concern?*

Finlization :

- *Doctor : let us now go through the point we discuss about ECMO ,*
- *Doctor : I can arrange a meeting with my consultant , and surgical team will give you more details about the machine and procedure .*
- *I will provide you with leaflet and trust website to know more.*
- *Thank you.*

Scenario 45 (Mb 153)

I.M. Vit-K & Cancers

Task : talk to mother who refuse to give her newborn baby vit K because she read about relation between Inj. vit-k & Cancers.

INTRODUCTION :

- *Doctor (introduce himself and to whom talk) : hello good afternoon , I am doctor mohammed pediatric registrar working in this hospital. I believe I am talking to mrs maddison mother of lewis .*
    - *Mother : yes I am.*
- *Doctor (ice break and) Thank you for your coming today , this means you are keen of your baby. I understand that you have some concern regarding vit K .*
    - *Mother (main concern) : yes doctor.*
- *Doctor (agenda of meeting) I am here today to discuss with you about vit k and clarify any concern you have.*
- *Doctor : (attender / arrangement) I arrange this meeting that nobody will interrupt us. you want anyone to attend with you*
    - *Mother : no thank you doctor.*

BODY :

- *Doctor : (check her concern) can you tell me what is the your concern regarding vit k. ?*
    - *Mother : actually doctor I am afraid to use Vit K because I heard there is relation between it and cancer .*
- *Doctor :(Check previous knowledge) I appreciate your concern , but let me first check what you know about vit K ?*
    - *Mother : what I know its injection given to newborn babies , but what is the benefit doctor .*
- *Doctor : (explain what is Vit-k and its Benefits) yes you are right vit K is normally produced by GUT bacteria and it is not found in many foods , breast milk contains small amounts*

  Vit k benefit reducing the risk of Haemolytic Disease of newborn " HDN " which is serious bleeding disorder . am I clear till now ?
    - *Mother : yes clear , what you mean by heamolytic disease of newborn?*
- *Doctor : (explain what is haemolytic disease of newborn/types)*
        - *Types of HDN :*
        - ✓ *early onset (2-4 hours) v.rare*
        - ✓ *classic onset (1-2 weeks).*
        - ✓ *late onset (4-6 weeks).*
    - *Mother : what is the cause of this haemolytic disease of newborn*

- *Doctor : (explain cause and risk factors) actually no specific cause but there are Risk Factors which are : Breast Feeding. / liver disease /Birth Hematoma / babies born before their dates / Mothers taking anticonvulsant D.*
    - *Mother : I heared that there is association b/w IM vit k and cancer , for this I don't want my baby to receive vit K.*
- *Doctor : (explain no relation b/w vit k and cancer) this an old study , but Many New Studies of Vit-K found NO relation between I.M. Vit-k & Cancers.*
    - *Mother : I heared that some are given vit k orally , I want to avoid IM form .*
- *Doctor : yes you are right but there are Disadvantages of using Oral Vit-K which are :*
    - ✓ *Poor Compliance .because oral Oral Vit-K 3 doses (given at day-0 → day- 5 → and at 4-week of age) in compare to im which is single dose.*
    - ✓ *no optimum regimen .*
    - ✓ *less effective in preventing HDN in compare to intramuscular form.*
- *Some Units recommend Oral Vit-K for Low risk healthy neoborn & I.M. Vit-K for High Risk neonates of H.D.N. child*
    - *Mother : but doctor I am still not comfortable to use IM vit k .*
- *Doctor : ok , at the end this is ur own decision whether to use vit k or not. But I hope to use it because HDN is completely preventable if vit k is given*

Finalization :

- *Let us now go in brief through the points which we already discussed*
- *Offer to provide leaflet , written information*
- *Any more questions*
- *Thank examiner and pt.*

Improper colleague – work problems

Scenario 17: *rebbeca page 148 ( )*

You are senior registrar working in busy hospital. Dr.Hassan is ur junior colleague , he is not attending call regading help in general pediatrics ward at busy times . And he reply her arrogant and told her he was alone and bussy with one pt.

TASK : TALK TO HIM ABOUT REFUSING TO HELP CLERK IN GENERAL PAEDIATRICS PATIENTS AT BUSY TIME.

Introduction:

- *Doctor : Hii good afternoon. How are you dr. Hassan?*
  - ✓ *Dr. Hassan : I am fine*
- ***Doctor : can we get a cup of tea together ?***
  - ✓ ***Dr.hassan : absolutely.***
- ***Doctor : How you find work in this hospital ?***
  - ✓ ***Dr.hassan : is not easy , it is hard job.***
- ***Doctor : Are there any areas you are finding particularly difficult?***
  - ✓ *Dr. Hassan : no.*
- *Doctor : Today I have made arrangement so as no one will disturb us , to discuss some event happen yesterday .*

Body:

- ***Doctor****: how is ur night duty?*
  - ✓ ***Hassan*** *: it is ok.*
- ***Doctor: (checking previous knowledge****)Can u tell me what happen yesterday ?*
  - ✓ ***Hassan*** *: nothing happen, anything wrong?*
- ***Doctor:*** *(clarify task) yes , actually there is concern raised that …you have not respond promptly to call from your colleague in general pediatrics ward.*
  - ✓ *hassan : no doctor this not true*
- ***Doctor : Realy I feel stressed & frustrated , when I heard this , because it seems as though we are not working well as a team , do you think that what I am saying is fair?***
  - ✓ ***Hassan :*** *I am not doing mistake , I was respond to all calls before , and I am busy at that time .*

- ***Doctor :*** *(answer 1) as you know in our protocol in this hospital when there any urgent call you must attend this call . And once colleague call you this means , he need you and you must respond quickly .*
- ***(Doctor continue) May I Know why you are not respond*** *?*
  - ✓ *Hassan : I was bussy with critical pt. in picu and I was alone yesterday night and for this I am not respond*
- ***Doctor : (encourage him / answer2) I appreciate your work*** *and we know you are keen for the pt. since u join the department.* ***But like this circumstances once you have sick baby in picu , u have to call for help because we are team work , and this one of our hospital values even your consultant can deal with sick baby in picu , and you can proceed to paediatric ward.***

  - ✓ *Hassan : so what will happen for me now?*
- *Doctor : we have to report what happen and to include our consultant let us go together to meet him and I will help you , actually we want to support u and we will discuss this issue in the meeting.*
  - ✓ *Hassan : if u want to support me why u want to disclose this event in the meeting , why u are not let this between us?*
- *Doctor : actually for care of the patient and for care of u everything should be documented in the file. We are here looking for care of the pt so as to prevent these events from occurring in the future.*
  We are human being and we can commit mistake , All of us learing from our mistake and best one is the one who correct himself as soon as detected his mistake , and never forget we are ***team working*** *to fulfill hospital and departmental vision.*
  - ✓ *Hassan : so what will be my situation , this will affect my career?*
- *Doctor : (give advice)yes , definitly if like these things happen again will affect ur career , and I will advice u to sit with* ***medical protection society*** *and* ***medical defense union*** *to offer u more help and they will explain ur situation. and must check from insurance office if ur insurance valid or not.*
  - ✓ *Hassan : so no problem will happen to me?*
- *Doctor : no , we can say this now unless after meeting with consultant who will decide about this.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , in* ***summary****, I will say what we discuss in this meeting that ……..*
- *and also I can offer you another meeting with my consultant.*
- *Now can you tell what we discuss?*
- *Have any more question?*
- *At the end thank him and examiner.*

Improper Colleague

11. Rapport :

- *I was wondering whether we could get a cup of tea to talk?*
- *How are finding this job?*
- *Are there any areas you are finding particularly difficult?*

12. Clarify agenda of meeting :

- *Do you have time to discuss some issues concerning your management in the unit. Or*
- *Something that I have notice which is concering me is …..*

13. Be clear about the difficulty :

I feel stressed & frustrated , when you :

- *don't complete the discharge summaries., or*
- *don't come and help out , because it seems as though we are not working well as a team. Or*
- *say you won't work your allocated shift , because it seems unfair for everyone else who has to cover for you*

14. Do you think that what I'm saying is fair ?

15. What is reason of the defect :

- *May I Know the reason behind this? Or*
- *I don't understand why you are doing this , could you explain to me?*

16. Suggestion of solution :

- *Is there any way we could help you to get rid of it , or*
- *Is there any way that we could you to be able to ……(e.g: work share of the rota?)*
- *Do you think it would be helpful if I …..so that you be able to ….*

Improper Senior Colleague

1/ I was wondering whether we could get a cup of tea to talk?

2/ I feel things seems to be uncomfortable between us & I don't know why?

3/ BE HONEST to say : I find it quite difficult to work alongside you at present.

4/ I have upset by some of actions at work (eg : changing my orders).

5/ have you any problem at home or at work ?

6/ I'm wondering is there any things I did which may upset you?(don't be Defensive)

7/ If no willing to discuss the issue → say : ok , I think I should leave things alone for now . & I suggest to speak to my supervisor or Senior Colleague & thank you for your time.

EXAM

AUTISM

Scanerio of autism

Task : explain to mother autism

Introduction:

- *Doctor : (introduce / to whom talk) Hii good morning. I am doctor Mohammed , pediatric registrar. Working in children ward and One of the team whose taking care of hala. I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes you are right.*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you it's welcome.*
  - *Mother : no , thank you doctor.*

Body:

- *Doctor : (agenda of meeting/) I am here today hopefully to help you understanding hala condition which we suspect sara having what is called "autism" . any one talk to you about this.*
  - *Mother : no doctor , ohh doctor are you serious , really my daughter having this .*
- *Doctor : (check previous knowledge) I appreciate your feeling , you are not heard about it before.*
  - *Mother : I have no more idea*
- ***DOCTOR** : (explain what is autism) ok , today I will explain to you and if you feel any point not clear stop me .*

  autism is the condition which affect your baby in :
  - ✓ *the way that communicate and*
  - ✓ *interact socially with others*
  - ✓ *as well as having un usuall behaviors.*

  Are you following me ?
  - ***Mother** : yes . can you explain for me more ?*
- ***Doctor** : (explain social difficulties) I mean by social interaction impairment is :*
  - ✓ ***Prefer being alone.***
  - ✓ ***Have little or no interest in other people**, which can result in having no real friends , and they found difficulty to engage with their peers in play.*
  - ✓ ***Not understand other people's emotions** . For example, if someone hurt not respond to him.*

- ✓ *Sometimes a child may seem to lose social skills that they once had. This may be skills such as waving goodbye.*
  Am I clear so far ?
  - ***Mother** : yes doctor , you say has poor langue but she said many words*

- ***Doctor: (explain problem of langue and communication) yes you right but unfortunately not appropriate for her age and also have a problem in other sort of communications like***
  - ✓ ***Not being able to express themselves well.***
  - ✓ ***Not being able to understand gestures, facial expressions, or tone of voice.***
  - ✓ ***Saying odd things. For example, repeating your words back to you, time and time again.***
  - ✓ ***Making up their own words.***
  - ✓ ***Not using their hands to make gestures as they speak .***
    am I clear so far ?
  - *Mother : what you mean by un usual behavior ?*
- *Doctor : (explain unusuall behavior) what I mean is :*
  - ✓ *Pretend play is usually limited , Games and activities that they learn tend to be repeated frequently , Games may remain exactly the same every day. because they have poor imagination .*
  - ✓ *They have repeated and frequent movements like hand flapping*
  - ✓ *and can become very irritable , angry or aggressive if you try to change his routine. To degree that can hurt them selfes .*
    Did you notice any of that in sara .
  - *Mother : yes doctor I notice this since long time , but why sara get this condition . do you mean this my fault ?*
- *Doctor : (explain this no one fault/ cause) I appreciate your frustration , and I can understand your worries , but this is no body fault , no one know what is cause exactly , although it can run in family sometime*
  - *Mother : you mean doctor , can affect all my baby ?*
- *Doctor : (explain reccurence of autism) I am afraid to say that , yes it will increase risk of your coming children to have the problem , but it is very rare percentage .*
  - *Mother : but doctor how you confirm this condition . not need to do imaging*
- *Doctor : (explain diagnosis) it's diagnosis is mainly depend on symptoms mentioned earlier , test done only to role other similar condition.*
  - *Mother : no cure for this condition ?*
- ***Doctor :** (explain no cure) I appreciate your concern , although no definitive cure for autism , But still we can help her by referring to other professional like speech and langue therapist , educational and occupational therapist to help her in improving education , communication and social skills .*
  - *Mother : no medicine for this*

- *Doctor : (explain management of autism) although there is limited drugs which help in symptoms , The mainstay of treatment is special education support. This is to help with language, social skills and communication skills.*
    - ✓ *Behavioural therapy which aims to reduce 'bad' behaviours and promote 'good' behaviours.*
- *Medication may be considered considered if other ways of coping aren't working. These symptoms may be anxiety, depression or obsessive-compulsive disorder. There is also medication that may help to control outbursts of excitement or aggression. Medication can also be used to help with sleep and also with any repetitive behaviours.*
    - ***Mother :** she can go to school like other children.?*
- ***Doctor :** (schooling) yes she can go to school , some of them even they can go to main stream school , the others they can go to special need school , this depend on severity . I forget to tell you that school can give a lot of help for them.*
    - ***Mother :** is my daughter will benefit from school*
- ***Doctor :** (learning difficulties) although she has learning difficulties , but still they can learn a lot.*
    - *Mother : is my daughter will be like this for life*
- *Doctor : (explain outcome) An autistic spectrum disorder (ASD) is a lifelong condition. As the severity can vary, it is difficult to predict the outcome for each child. but I want to reassure you that good thing is that the earlier the specialist input is started, the better the outcome. Let us hope better .*

  ***Finalization:** when announcing 2 minutes left*
    - *Now let us in brief going thru point which we discussed . I explained to you that sara having autism , and how diagnosis and what is treatment for that . and reassuring thing is with early detection and help of different professional the outcome could be good .*
    - *and at the same time I will provide you leaflet, and written advice.*
    - *and also I can offer you another meeting with my consultant. And with other families with the same condition , contact group of autism*
    - *Have you any question or concern.*
    - *Now can you summarize what have been told?*
    - *At the end thank mother and examiner.*

Information delivery

Scenario exam eygpt : (H.PYLORI) .

Task : 15 yrs old girl diagnosed with H.PYLORI , discuss the disease and management plan.

Introduction:

- *Doctor : (introduce / to whom talk) Hii good morning. I am doctor Mohammed , pediatric registrar. Working in children ward and One of the team whose taking care of hala. I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes you are right.*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding your condition and it's management .*
  - *Mother : I hope so.*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you it's welcome.*
  - *Mother : no , thank you doctor.*

Body:

- *Doctor : (agenda of meeting/) actually I am here today because your baby having what is called h.pylori . any one talk to you about this ?*
  - *Mother : no doctor , what you mean by this doctor ?*
- ***DOCTOR** : (explain what is helicobacter pylori) ok , today I will explain to you what is h.pylori , and its management .*
  Helicobacter pylori (H. pylori) is a bacterium, a kind of germ, which lives in the sticky mucus that lines the stomach. Many people have H. pylori in their stomach so it is very common. and not causing any problem . Might H. pylori even be good for us? Some experts think that H. pylori, like other bacteria living in our gut, may be good for us. However, no-one has yet
  found a definite advantage from having it although anumber of theories have been put forward.
  Are you following me ?
  - *Mother : how do people get it and can they pass it on ?*
- *Doctor : (explain from where get it) still this not fully understood , but they think People who do have H. pylori almost always catch it in childhood, probably from other children or family members. Once someone picks up H. pylori, it stays in the stomach throughout life unless it is treated with particular antibiotics. H. pylori is actually becoming less common and nowadays it is unusual for children to catch it, even if*

someone else in the family has it. People who have H. pylori are unlikely to pass it on and do not need to take any special measures to avoid giving.

- *Mother : What problems can H. pylori cause?*

- *Doctor : (explain problems of h.pylori) people with H. pylori infection get ulcers either in the stomach (gastric ulcer) or in the duodenum (duodenal ulcer). Although ulcers tend to cause indigestion, occasionally they become much more serious as they can bleed or even burst (perforate) which happens if the ulcer burrows deep enough actually to make a hole. People with ulcers should therefore be treated with the aim of getting rid of H. pylori. Bad indigestion is common and there are many other reasons why people get this symptom other than having ulcers. Because there are millions of people who have both H. pylori and indigestion, it can be tempting to draw the conclusion that one leads to the other. This is simply not the case in the vast majority of people.*

- *Mother : Does H. pylori cause cancer?*

- *Doctor : (explain relation to cancer) It is true to say that H. pylori is associated with a very slightly increased risk of stomach cancer. However, treating H. pylori simply to reduce this risk is not generally advised for three reasons.:*
  - ✓ *Firstly, the risk of any of us getting stomach cancer is small.*
  - ✓ *Secondly, no-one knows whether treating H. pylori once you are an adult will actually reduce the risk of developing stomach cancer at all.*
  - ✓ *Thirdly, although treatment is usually very straightforward, a course of antibiotics does carry a small risk of a bad reaction and indeed the problems that the treatment may cause can outweigh any possible benefit.*

- *Mother : Does treating H. pylori make you better?*

- *Doctor : (explain the benefit of treating h.pylori) If you have an ulcer Before we knew about H. pylori, ulcers did heal up with acid-reducing drugs only to come back when the treatment was stopped. Treating H. pylori not only helps ulcers to heal but, more importantly, it greatly reduces the risk of the ulcer coming back in the future. Nevertheless, all doctors are agreed that patients with H. pylori should have treatment for the infection if they have, or ever have had, an ulcer. If you don't have an ulcer Less than one person in 10 with the combination of indigestion and H. pylori infection, but who don't have an ulcer, will feel better as a result of treatment.*
- *Many doctors consider the disadvantages of taking a course of antibiotics are just not worth the small chance of the treatment helping. It is fair to say that there are doctors who would recommend treating H. pylori even without an ulcer being present. They do this in the hope of making a small number of such people feel better. If you have indigestion but neither you nor your doctor know if you have an ulcer Until recently most people with bad indigestion often had an endoscopy (an examination of the stomach with a small tube and camera) to see whether or not an ulcer was present.*
- *Nowadays, people with indigestion who also have worrying symptoms such as weight loss, persistent vomiting or trouble in swallowing still need to have an endoscopy. Otherwise, most patients are treated without the need to have that examination. Instead, many doctors test their patients with indigestion to see if they have H. pylori and, if the test is positive, they treat the infection. However, without an endoscopy, the*

doctor just cannot know whether or not an ulcer is present. If the patient has actually had an ulcer, we know that treating H. pylori is likely to prove successful. In other cases where H. pylori has not caused an ulcer, there may very well be no improvement. H. pylori - greatly magnified

- *Mother : How do doctors test for H. pylori?*

- *Doctor : (explain diagnosis of H.pylori)*
  - ✓ *The easiest way is a blood test. This is useful for finding out whether a person has H. pylori but the test stays positive even after the H. pylori has gone. This means that it cannot tell us whether a course of treatment has cleared the infection.*
  - ✓ *Another simple technique of looking for H. pylori involves a breath test. For this you will be given a drink containing a substance called urea. Whether or not H. pylori is present in the stomach can be detected by collecting a sample of your breath for a short time after taking the drink. This test is used to find out whether treatment has been successful although it needs to be done at least one month after the course of treatment has finished.*
  - ✓ *Stool antigen tests for H. pylori are now widely used. These involve analyzing a small portion of stool for H. pylori antigens. Doctors can also test for H. pylori while patients are having an endoscopy. Avery small piece of the lining of thestomach (a biopsy) is sent to the laboratory for a number of different tests to check whether or not H. pylori is present in the stomach.*
  - ✓ *All tests for H. pylori except the blood test may be quite inaccurate if people have had a recent course of antibiotics for any reason or have taken some of the other drugs which are used to treat ulcers. Your doctor will certainly ensure that you do not have a test for H. pylori if other medicines you might have taken recently would give a misleading result.*
  - *Mother : How can H. pylori be treated and what are the chances of success?*

- *Doctor : (explain treatment) Treatment for H. pylori is now simple and successful at the first attempt in most people. It consists of :*
  - ✓ *a one week course of three different tablets, two of which are antibiotics and the third is a tablet to cut down the amount of acid in your stomach.*
  - ✓ *These are all taken together twice a day. Your doctor will ask you whether you are allergic to any particular antibiotics before treatment is started.*
  - ✓ *Most people experience no side effects from treatment, but a few notice minor problems such as a strange taste in the mouth, a feeling of sickness, diarrhoea or perhaps a headache. With one particular antibiotic that is often used, you should avoid alcohol. Treatment is much more successful if the whole course of tablets is taken exactly as prescribed and your doctor will encourage you to continue to take the tablets unless the side-effects become unpleasant. Even when treatment has been successful in clearing the H. pylori, sometimes symptoms take a little while to settle down. If the treatment is shown to be unsuccessful in clearing H. pylori, it is possible to have further courses of therapy with different antibiotics.*
  - *Mother : Do doctors generally agree on when to treat Helicobacter pylori?*

- *Doctor : All doctors will advise treatment if you have (or have had) an ulcer. Opinion is divided on whether to treat the infection in other situations. Indeed some doctors advise that it is best to treat every patient who has a positive test for Helicobacter*

pylori. It is best to discuss with your doctor whether treatment is likely to be right for you.

- *Mother : What research is needed on H. pylori?*

- doctor : H. pylori was only discovered in 1983. Although we have learned an enormous amount about it, there is still much we do not know. For example, it's not clear exactly how H. pylori is passed from one person to another, and why only some people with the infection get ulcers. We do not know
how H. pylori increases the risk of stomach cancer. A better understanding of this may help us to work out how this cancer arises and might just tell us more about cancer formation more generally. Treatment for H. pylori is now very effective but it can become resistant to common antibiotics and
we need to develop strategies to stop this happening as well as finding alternative treatments for cases
when resistance develops. We also need to develop a vaccine to prevent H. pylori infection in countries where it is common and associated with gastric cancer. H. pylori is gradually becoming less common in the UK, but research is urgently needed on what to do about it in the developing world where it is still very common indeed.

<u>Finalization:</u> when announcing 2 minutes left

- *Now let us in brief going thru point which we discussed . I explained what is h.pylori and what is the treatment . .*
- *and at the same time I will provide you leaflet, and written advice.*
- *and also I can offer you another meeting with my consultant.*
- *Have you any question or concern.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

ADHD management

Scanerio exam jeddha 3/2016

Task : explain to mother want treatment for her daughter 2yrs old who having ADHD

Introduction:

- *Doctor : (introduce / to whom talk) Hii good morning. I am doctor Mohammed , pediatric registrar. Working in children ward and One of the team whose taking care of hala. I believe you are Mrs. Mona a mother of hala.*
  - *Mother : yes you are right.*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you it's welcome.*
  - *Mother : no , thank you doctor.*

Body:

- *Doctor : (agenda of meeting/) I am here today hopefully to help you understanding hala condition which having what is called "ADHD " which stand for " attention deficit hyperactivity disorder ". any one talk to you about this.*
  - *Mother : no doctor , is it serious ?*
- *Doctor : (check previous knowledge) I appreciate your feeling , you are not heard about it before.*
  - *Mother : I have no more idea*
- ***DOCTOR** : (explain what is attention deficit hyperactivity disorder) ok , today I will explain to you and if you feel any point not clear stop me .*
  ADHD is means :
  - ✓ *Inattention which mean : loss of concentration , and easily distracted and make careless mistake*
  - ✓ *over activity*
  - ✓ *loss of control of his behavior , did you notice any of these in your child ?.*
  - *Mother : yes doctor I notice this since long time , but why sara get this condition . do you mean this my fault ?*
- *Doctor : (explain this no one fault) I appreciate your frustration , and I can understand your worries , but this is no body fault , no one know what is cause exactly , although there are it can run in family sometime.*
  - *Mother : you mean doctor , can affect all my baby ?*
- *Doctor : (explain reccurence of ADHD) although it will increase risk , but very rare all your children will be effected.*
  - *Mother : but doctor how you confirm this condition . not need to do any test.*

- *Doctor : (explain diagnosis of ADHD) it's diagnosis is mainly depend on symptoms mentioned earlier if we notice these for 6 months at least we will reach to conculsion that it is ADHD, test done only to role other similar condition.*
    - *Mother : no cure for this condition ?*
- ***Doctor :*** *(explain management /no cure) I appreciate your concern , I want to reassure you that many cases gone on its own by teenage . But still we can help her by referring to other professional like doctor of mental health , teacher at school and me and you all must involve to help her in addition we can offer for her **behavior program therapy** and **parent training group** to help her in controlling her behavior and concentration , and I want to reassure you that these measure if followed will give better outcome.*
    - ***Mother :*** *no drug for my baby ?*
- ***Doctor :*** *(explain drug treatment) actually there is treatment but not suitable for your baby , because drug which commonly used is called **methylphendate** recommended for those who are more than 6yrs.*
    - ***Mother :*** *but why not doctor ?*
- ***Doctor :*** *(explain unwanted effects of methylphendate) because to its unwanted effect weight loss and gastric upset which not tolerated well by those who are younger than 6 yrs , and also we want to wait till 6 yrs of age to more confirmation of diagnosis.*

  Finalization: *when announcing 2 minutes left*
    - *Now let us in brief going thru point which we discussed . I explained to you that sara having ADHD , and how diagnosis and what is treatment for that . and reassuring thing is with early detection and help of different professional the outcome could be good .*
    - *and at the same time I will provide you leaflet, and written advice.*
    - *and also I can offer you another meeting with my consultant. And with other families with the same condition , contact group of ADHD.*
    - *Have you any question or concern.*
    - *Now can you summarize what have been told?*
    - *At the end thank mother and examiner.*

Information delivery

Scenario: vasovagal syncope explanation to the mother*(causes , investigations , treatment).*

TASK : EXPLAIN TO MONA MOTHER OF AHMED.

Introduction:

- *Doctor :(introduction) Hello good morning. I am doctor Mohammed , pediatric registrar. I Believe you are Mrs. Mona a mother of ahmed .*
  - *Mother : yes I am the one*
- *Doctor : (ice break) I would like to thank you for sparing time to sit with me.*
  - *Mother : nice to meet you too.*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding ahmed condition. I hope it is suitable time for you.?*
  - *Mother : yes doctor .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. And If you want anyone to attend with you its welcome.*
  - *Mother : thank you.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- ***Doctor: (clarify agenda of meeting) Can you tell me what is your main concern regarding ahmed health ?***
  - ***Mother** : I am very worried about a hmed condition , because frequently fallen down suddenly , I want to know what is going with him ,and they told this a benign attack ?*
- ***Doctor:(share feeling , check knowldge) I appreciate your concern and I know this difficult time for you. Most properly ahmed have something called "syncope" ……. Do you heard about it before ?***
  - *Mother: no I have no idea.*
- ***Doctor: (start to explain what is syncope) I will explain to you and if you feel any point not clear feel free to stop me at any time .***
  ***Yes as you GP inform you .** Syncope is the medical term for fainting , and it's benign condition , and spontaneously resolve . It's very common and in most cases nothing to worry about*
  - *Mother : but I am still not convincing with this diagnosis .*
- *Doctor : (reassure and convince her) as we had been asked you some questions , and we ran some tests by doing imaging of your heart , we came to conclusion that this a benign form of attack which called "vasovagal attack" and in the public called "fainting" . are you following?*
  - *Mona : yes , but what causes syncope? .*
- *Doctor : (explain vaso vagal attack /explain the cause of syncope) vasovagal is most common form of syncopal during childhood , can occur when the brain temporally not get enough blood , so responed by syncope , due to unknown reason or mechanism , but this can happen due to different triggers factors like :*
  - ✓ *If people had stress of feeling pain or fear from something like site of blood.*

- ✓ *Stand for too long or overtired or overheated.*
- ✓ *Prolong fasting .*

  Are you following ?

- *Mona : any other possible causes of fainting ?*

- *Doctor : (explain other causes) yes like :*
  - ✓ *Other people this fainting can occur due to heart beat going too fast or too slow , due to abnormal heart electrical system or as unwanted effects of some medicine.*
  - ✓ *May be due to something block blood flow from the heart to the body as there was obstruction in the valve like (aortic stenosis which is valve disease) , or due to muscle of the heart that become bigger and thicker in a condition called hypertrophic cardiomyopathy.*
  - ✓ *Other causes of fainting when blood pressure drop when you standing from sitting position , and this happen when : some one drink alcohol , not drink enough water or take certain medicine.*
  - *Mother: is the syncope dangerous?.*
- *Doctor : (reassure/ explain danger of syncope)I want to reassure you that it's no dangerous cause behind but we must be cautioned to those having frequent attacks because :*
  - ✓ *if fall down during fainting can injured himself.*
  - ✓ *If occur while driving , accident can occur , so to be safe check your doctor before you start driving after first faint*
  - *Mother: you will not do for him any test ?*
- *Doctor :(explain to r/o other causes of syncope) doctor will ask you few questions , examine your son and checking BP , heart rate and listen to heart. And if this fainting recurrent the doctor can decide to do some tests to rule out cardiac problems like :*
  - ✓ *Electro Cardio Graphy (which is sticky pads on the chest connect to machine record the electrical activity of the heart).*
  - ✓ *Echocardiography : which is sound wave to create image of the heart looking to the valve , heart wall and rooms.*
  - *Mother : how you are going to help him ?*
- *Doctor : (explain treatment / prevention)*
  - ✓ *In most cases avoid situation that triggering syncope.*
  - ✓ *Drink water and encourage to take salty meal.*
  - ✓ *As well can be prevented by lay down and your feet up when you feel you might faint.*
  - *Mother : we will not give him any medicine .*
- *doctor : we will start with this life modification incase fail and faiting disturb his quality of life we can give drug , but usually this not the case.*
  - *Mother : is it to get this with to rest of her life*

- *doctor : actually no clear data. But They suggest that if occur during childhood it will get out of it when become adult .*
  - *Mona : nothing to be worry about doctor*
- *Doctor : (explain warring signs) as your child have not had warring signs nothing to be worry about ,but in fact if he develop any of warring signs , you must return to us again and we will reassess him and run for him more test , these warring signs like :*
  - ✓ *If develop this during exercise .*
  - ✓ *If Preceded by increase heart beat .*
  - ✓ *If took long time not regain his consciousness .*
  - ✓ *You have relative has sudden death.*

    But up to this if nothing happen , no need to worry about and no need to suggest more investigations
  - *Mona : this little bit reassurance.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , in **summary** I will again repeat what we just talk about syncope .*
- *I will provide you leaflet, and written information . if you more read about may be more reassured and advice to contact support group*
- *Arrange another meeting to discuss more about disease and progress with my consultant.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

INFORMATION GIVEN

SCENARIO 6: PROCEDURE OF GASTROSTOMY TUBE INSERTION (Rebeca 45 - 46)- Jeddah exam 2015

Mrs Lancaster , a mother of 2year old christian . Christian is CP child refer to tertiary centre for gastrostomy tube insertion.

TASK: DISCUSS THE PROCEDURE OF GASTROSTOMY INSERTION AND IDENTIFY CHRISTIAN'S MOTHER CONCERNS ABOUT THIS PROCEDURE.

Introduction:

- *Hii good morning.*

- *I am doctor Mohammed , pediatric registrar , one of the team looking for your baby christian .*
- *I Believe you are Mrs lancaster a mother of christian .hello how are you ?*
- *I am here today to discuss some issues about christian condition. And I would like to thank you for sparing time to sit with me.*
- *For this I had made arrangement so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*
- *Please tell me if you want anyone to attend this meeting.*

Body:

- ***Doctor****: how is christian's condition today?*
- ***Mother****: he is ok.*
- ***Doctor****: **(clarify the agenda)***
  why you want to sit with me today Mrs Lancaster?
- ***Mother****: my baby refer to tertiary centre for insertion of tube in his belly (tummy) , I want to know more about this procedure?*

- ***Doctor : (check her previous knowledge)*** *As You know Mrs Lancaster your baby take nothing per mouth and fed via Tube through his nose and, as he becoming increasingly distressed each time this tube pass ,so he has been referred to pediatric surgeon at tertiary centre for insertion of gastrostomy tube did you heared about this operation before?*
- ***Mother*** *: no.*
- ***Doctor****: **(explain by draw diagram)*** *The PEG tube is a feeding tube which passes through tummy wall into stomach so feed , water , and medication can be given without swallowing.*
  PEG *insertion is minor operation under sedation and local anesthesia , the procedure takes approximately 20 minutes. A flexible tube e camera called an" endoscope" is used to help in place the tube. The endoscope is passed through the food pipe until reach the stomach. A local anesthetic*

is injected into christian's skin and a small opening made through which the PEG tube is placed.

- ***Mother**: may develop any problem when doing this operation?*
- ***Doctor**: I want to reassure u that it is a safe operation under safe hand and risk of complication is small. However all operation carry some risk like*
    - *there are some risks related to sedatives, which could affect christian's breathing ,*
    - *While inserting the feeding tube there is a small risk of internal bleeding (haemorrhage) or*
    - *puncturing of the bowel (perforation). However, you will be monitored closely during and after the procedure.*
    - *Very rarely, if the PEG tube becomes displaced or is not properly secured during the few days following the procedure there is a risk of peritonitis (inflammation of the lining of the abdominal wall).*
- ***Mother**: no any alternative management?*
- ***Doctor**: this operation is the only accepted treatment for this condition, But I want to reassure you that the prognosis is excellent . most babies tolerate the procedure well with good pain control postoperatively , and procedure will significantly reduce christian's level of distress when he is being fed .*
  Did you follow me Mrs lancaster ?
- ***Mother**: yes.*
- ***Doctor**: can you tell me what you understand ?*
- ***Mother**: repeat what doctor said.*

Additional questions by the mother:

- *Mother : can I wash the tube?*
- *Doctor : yes definitely , once the surgical opening healed u can wash and dry it.*
- ***Mother** : Will I be able to bath, shower or swim?*
- ***Doctor** :For the first two weeks special care is needed to keep the PEG tube clean. You will be able to shower during this time however it is not*

advisable to have a bath. After that, once the area around the tube has healed, it is perfectly acceptable to have a bath or go swimming.

- ***Mother** : What problems might occur PEG and how can I solve each if occur ?*
- ***Doctor**: Possible problems may include*
    - *tube blockage (solve by flushing the tube with warm water).*
    - *skin infection (dressing and go to hospital).*
    - *leakage around the tube (clean the area with damp gauze , don't give feed).*
    - *tube displacement.(u should insert spare tube or NG tube to prevent stoma from closing and then go to local hospital).*
- ***Mother**: Will I still be able to eat and drink?*
- ***Doctor** : This will depend on your medical condition and the safety of your swallow. Your medical team will provide you with appropriate advice. If there are no problems with your swallow, you will still be able to eat but it may be necessary to consider the timing of PEG feeding. If your swallow is unsafe and you are at risk of choking you may be advised not to eat or drink. In this situation all of your nutritional requirements and medications will be given through the PEG.*
- ***Mother** :is there any advice u want to tell?*
- ***Doctor** : 10 days postoperatively , you must turn and advance the tube once per week so as to prevent internal disc from sticking to the wall of the stomach.*

Finalization: *when announcing 2 minutes left*

- *Now let us to go through points which we discussed :*
  Actually your baby ……..
- *and I will provide you written information sheet , leaflet, and websites for further information*
- *and also I can arrange to you a meeting with surgical team before operation , and with gastrostomy liaison nurse.*
- *Now can you summarize what I told you?*
- *Have you any more question?*
- *At the end thank mother and examiner.*

Information delivery

Scenario : (TREATMENT OF ECZEMA) .

Hala is HAVING ECEZEMA .

Task : discuss with mrs Mona the recommended treatment (TOPICAL CORTICOSTERIOD) for hala. And try to answer any questions she may have.

Introduction:

- *Doctor : (introduction) Hii good morning. I am doctor Mohammed , pediatric registrar. Working in children ward and One of the team whose taking care of hala . I believe I am talking to Mrs. Mona a mother of hala.*
  - *Mother : yes , I am the one.*
- *Doctor : (ice break) I would like to thank you for your coming today , and nice to meet you today.*
  - *Mother : nice to meet you also.*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding hala condition as diagnosed as having ecezema and it's management .*
  - *Mother : I hope so doctor*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. You are welcome and feel free to stop me and ask me any question.*

Body:

- *Doctor: Can u please tell me how is hala now ?*
  - *Mother: she is ok , but she develop many episodes itching eczema last month , although she received emiolient . and they advice to start new treatment which called steroids. And I am worry about using this topical steroid .*
- *Doctor: (check her previous knowledge) I appreciate your concern and as you know hala is having eczema , and this why he developed episodes of itching ,but first let me know what u understand about eczema ?*
  - *Mother: I know that eczema is disease causing dry ness of skin and present with itching .*
- *Doctor : (explain what is eczema) actually Eczema is sometimes called dermatitis which means inflammation of the skin which present as itchy , red scaly skin . There are different types of eczema. The most common type is atopic eczema . The word atopic describes people with certain allergic tendencies. People with atopic eczema have an increased chance of developing other atopic conditions, such as asthma and hay fever.*
  - *Mother : why my baby develop this ?*

- *Doctor : (explain the cause) actually no one know what is the cause exactly , This may happen due to our defence system screate some chemical under skin due to unknown cause but they found that some triggers like dust , smoke , animals danders , change in climate may contribute to this . Are you following me , can you tell me what you understand so far .*
  - *Mother : yes doctor , but although I am using the drugs which prescribe by her doctor , still she develop these itching from time to time.*
- *Doctor: Actually this nature of the disease but I want to reassure you that by coming adult . this as a part of atopic eczema is develop from time to time these symptoms which called flare up. So can I know what is your concern ?*
  - *Mother : (main concern of mother) but doctor I am not happy about using steroid for my daughter because her brother used it and develop unwanted effects ?*
- *Doctor : (explain steps of management of eczema) actually we are following steps in management of eczema , the main are 3 parts in management :*
  - ✓ *First one is Avoiding irritants to the skin and other causes (triggers) wherever possible.*
  - ✓ *Second step is Moisturisers (emollients) - used every day to help prevent inflammation developing.*
  - ✓ *Steroid creams and ointments (topical steroids) - mainly used when inflammation flares up.*

    And as understand that your baby used step one and 2 for this we decide to use step 3.
  - *Mother : but I heard steroids had many harmful effects .*

- *Doctor: (reassure /explain benefit of using topical steroid) I appreciate your concern , yes you are right topical steroid having unwanted effects but benefits outweighing risks. And fortunately these unwanted effects are very rare with mild topical steroids which used for short period of time.*
  - *Mother : you mean no side effect ?*
- *Doctor : (explain step 1 in management) Many people with atopic eczema have flare-ups from time to time for no apparent reason. However, some flare-ups may be caused (triggered) or made worse by irritants to the skin, or by other factors. It is commonly advised to:*

✓ *Avoid soaps, bubble baths, etc, when you wash. They can dry out the skin . Instead, use a soap substitute plus a bath/shower moisturiser (emollient) .*
✓ *keep nails short .*
✓ *Wear cotton clothes next to skin rather than irritating fabrics such as wool.*
✓ *Avoid getting too hot or too cold as extremes of temperature can irritate the skin.*
✓ *House dust and some food mite may be a trigger in some cases , so avoid if possible.*

- *Doctor (explain Eczema treatment part 2 - moisturisers (emollients)) Emollients are lotions, creams, ointments and bath/shower additives which prevent the skin from*

becoming dry. The regular use of emollients is the most important part of the day-to-day treatment for atopic eczema. Your doctor, nurse or pharmacist can advise on the various types and brands available and the ones which may suit you best. You should apply emollients as often as needed. This may be twice a day, or several times a day if your skin becomes very dry.

- *Doctor : (Treatment part 3 - steroid creams and ointments (topical steroids)*
  - *Topical steroids work by reducing inflammation in the skin. (Steroid medicines that reduce inflammation are sometimes called corticosteroids. Topical steroids are grouped into four categories depending on their strength - mild, moderately potent, potent*

✓ *Mild steroid like hydrocortisone cream 1% is a commonly used .*

- *Doctor : Tacrolimus ointment and pimecrolimus cream (They are called topical immunomodulators.) They are not steroids. They seem to work well to reduce the skin inflammation of atopic eczema.*
- *Doctor : (explin How can atopic eczema be prevented) It may be worth breast-feeding a newborn baby for three months or more if several members of the family suffer from allergies such as eczema, hay fever or asthma. There is, however, no evidence to suggest that the mother*
- *Doctor : (explain side effects) not exactly but v.rare to occur with topical steroid , usually ocuring*

  Doctor given pause and continue asking mother to tell him what she understand ?

  - *Mother : telling what doctor said to her.*

  Finalization: when announcing 2 minutes left

    - *Now let us in brief going thru point which we discussed . I explained what is ecezema and why symptoms occur and what is management.*
    - *and at the same time I will provide you leaflet, and written advice.*
    - *and also I can offer you another meeting with my consultant.*
    - *Have you any question or concern.*
    - *Now can you summarize what have been told?*
    - *At the end thank mother and examiner.*

Information delivery

Functional abdominal pain(FAP)

exam Scenario : (FAP) *march 2016 ….mark beati page (146)*

TASK : DISCUSS WITH MONA MOTHER OF HALA 6 YEARS OLD ABOUT FUNCTIONAL ABDOMINAL PAIN , HER MOTHER INSIST FOR INVESTIGATION. AND TRY TO ANSWER ANY QUESTIONS SHE MAY HAVE.

Introduction:

- *Hii good morning. Iam doctor Mohammed , pediatric registrar.I believe you are Mrs. Mona a mother of hala.*
  - *Mother :*
- *Doctor : I am here today hopefully to help you understanding hala condition and it's management . And I would like to thank you for sparing time to sit with me.*
  - *Mother :*
- *Doctor : I had made arrangement so as no one will disturb us.*
- *You are welcome and feel free to stop me and ask me any question.*
  - *Mother : thank you doctor .*

Body:

- ***Doctor :*** *Can u please tell me how is halla's condition ?*
  - ***Mother****: she is fine , but hala having recurrent abdominal pain and I am worry about this .*
- ***Doctor*** *: (clarify agenda of meeting) ok , I am here today to talk about this issue . but tell me what they told you so far regarding her condition.?*
  - ***Mother*** *: they told me that , she has nothing to worry about , but I am still worry.*
- ***Doctor*** *: (check previous knowledge) ok, I appreciate your feeling , and I want to reassure that nothing serious to worry about , hala having common problem in school age children , which is called "functional abdominal pain " , did you heard about it before ?*
  - ***Mother*** *: I have no idea.*
- ***Doctor*** *: (explain what is functional abdominal pain) we said functional abdominal pain in the absence of identifiable cause means no specific structural , germs , or biochemical cause for the abdominal can be determined . because of that it's a diagnosis of exclusion. And it's not serious problem , and pain is transient , Am I clear ?*
  - ***Mother*** *: yes , so my baby don't need further imaging for his tummy?*
- ***Doctor*** *: (**focus on excluding serious pathology**) ok , I appreciate your concern , but we found that from history taken from you and when a hmed physically examined , with normal basic test results , so we reach to conculsion that ahmed having functional abdominal pain and no need to do further test as those likely to be normal.*
  - ***Mother :*** *no doctor still I want to do further investigations ?*
- ***Doctor*** *: (explain serious s s to do further test) I know you are worry , and all here to help you and help your baby , but I want to reassure you that your baby not having symptoms*

or signs that indicate this abdominal pain is serious. We will go for further test incase your baby having :

- ✓ *Pain away from belly bottom*
- ✓ *Pain awaking him at night*
- ✓ *pain related to eating.*
- ✓ *If there is vomiting or blood in stool.*
- ✓ *Or pain associated with weight loss.*

In these case we need to do further test to exclude serious conditions , but fortunately a hmed does not have any of those .

- ***Mother : is functional abdominal pain is serious condition, and what is the cause lead to FAP ?***

- ***Doctor : (explain cause of FAB) FAP not serious condition** . as I indicated earlier no specific cause however some children find that if they are anxious or stressed it can make their pain more noticeable .*
  - *Mother : is the pain having any effect on my baby ?*
- ***Doctor** : this type of pain have no any long term effect on your baby. however , functional abdominal pain may have adverse effects on the child physical and emotional state. Because inability to carry out daily activities may affect the child's mood and emotions , But with management having good outcome , Am I clear ?*
  - ***Mother** : yes I am following you , so how can u help her , she is often crying from pain.*
- ***Doctor** : **(management of FAP)** there is no specific medical treatment for functional abdominal pain. We can prescribe for him some medication which eliminate the pain , treatment may include diet and life style changes , medicines like pain killer. We must also encourage him to return to school and resume the routine activities. For this I will refer him to doctor of diet and doctor of mental health .*
  - ***Mother** : how can I deal with him ?*
- ***Doctor** : try to distracting the child from his or her pain may be helpful.*

  ***Finalization:** when announcing 2 minutes left*

  - *Now in **brief we can go over points which we just discuss** about functional abdominal pain.*
  - *I will provide you leaflet, web sites and written advice about FAP.*
  - *If you want I can offer you another meeting with my consultant.*
  - *Have you any question or concern.*
  - *Now can you summarize what have been told?*
  - *At the end thank mother and examiner.*

Information delivery

Scenario 24 (start new antiepliptic drug): mark beattie page 142.

TASK : *talk to mother about start of antiepileptic drugs for her daughter 8yrs old who had 3 attack a febrile seizures*

Introduction :

- *Doctor : (introduce himself / to whom he talk) Hii good morning . Iam doctor Mohammed , pediatric registrar working in this unit .I Believe I am talking to Mrs. hope a mother of Lillie.*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) I would like to thank you for your coming today, and nice to meet you today .*
  - *Mother : nice to meet you today.*
- *Doctor : (agenda of meeting) actually , I am here today hopefully to help you understanding Lillie condition. Is it suitable time for you ?*
  - *Mother : yes doctor*
- *Doctor : (arrangement and attender) ok , for this I had made arrangement so as no one will disturb us. And if You want anyone to attend with you , it's welcome.*
  - *Mother : no , thank you doctor.*

  Body :
- *Doctor : (check previous knowledge of meeting) can you tell me what they told you so far about condition of your baby ?*
  - *Mother : actually my daughter having abnormal movement frequently occurring , and they advise me to start drug for her . actually I am worry to start these drugs*
- *Doctor : (agenda of meeting and check previous knowledge of epilepsy) I appreciate your feeling and I know it's difficult time for you . as you said your baby having abnormal movement which called fits , and for best of her we plan to start medications to control these fits , and I am here to explain any concern regarding these drugs before starting , but first let me know what you know about epilepsy ?*
  - *Mother : I have no information*
- *Doctor : (explain what is epilepsy) epilepsy is recurrent abnormal movements occurs due to abnormal signals from our brain . due to unclear cause .*
  - *Mother : why we use the drugs ?*
- *Doctor : (explain benefits of use it) to prevent further seizures , as you know seizures having impacts on the person , it may effects his behavior , mental ability , also had psychologically impact on him by deprived him from others.*
  - *Mother : how drugs administered and is she tolerate the dose ?*
- *Doctor : (explain the dose) drugs usually start per oral , and usually will start with Low dose and then increase gradually till we will reach the effective dose .*

- *Mother : what I will do now , any follow up ?*

- *Doctor : (explain when to review medications) yes definitely we will follow you initially on regular base till reach effective dose as well as we will review the medications incase :*
  - ✓ *seizures free for 2yr , may stop the drug or*
  - ✓ *if no benefit from treatment , may need to change to other drug. or*
  - ✓ *at Puberty because may need to change the dose , or*
  - ✓ *if your baby develop severe unwanted effects .*
- *Mother : what I will do if he develop unwanted effects?*

- *Doctor : If there is S.E. Don't stop ttt suddenly , we will refer you to Epilepsy team urgently , who may gradually tapering the dose and may change to other drugs.*
- *Mother : are these drugs having unwanted effects ?*

- *Doctor : (reassurance) definitely any drugs having side effects , but the benefits is overweighing the risks , and also I want to reassure you that there are new modalities of drugs which is more effective and with less side effects .*
- *Mother : can you tell me what are these effects ?*

- *Doctors : (explain unwanted effects) yes I will tell you so as if develop any of them , immediately seek medical advice , side effects of common antiepileptic drugs are in case of :*
  - ✓ *S. Valproate (gastric upset / hair loss but fortunately re growth again after 6 month / sedation / aggressive behavior / Liver damages)*
  - ✓ *Carbamazepine (Urticaria / not keeping balance / may be more liable to invading by bugs due to bone marrow depression / gastric upset)*
  - ✓ *Lamotrigine (rash).*
  - ✓ *Topiramate (headache , weight loss , formation of stone in kidneys nephrolithiasis , concentration difficulties).*

<u>Finalization:</u> when announcing 2 minutes left

- *Ok , Now because of short time , in brief let us to go through important points which we discussed about starting of antiepileptic medications for your daughter , and we know that although having unwanted effects but usually tolerated by many patients and over that the unwanted effects over weighing the risk and effects of epilepsy itself.*
- *and at the same time I will provide you written information, websites, and I will give contact number of epilepsy support groups*
- *and also I can offer you another meeting with my consultant and doctor of the brain , And also meeting other families with epilepsy patients.*
- *Have you any more questions.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Chronic constipation (jeddha course 2017)

Task : talk to father about management of constipation.

Sceniro : ahmed father of kamal 4yrs of age who have chronic constipation and overflow diarrhea. He passed meconium during neonatal period. Well grown and no abdominal distension , pass stool once per week with frequent soiling , mother not given laxative because she thought of diarrhea .

Introduction:

- *Doctor : (introduction) Hii good morning. I am doctor Mohammed , pediatric registrar .I believe u are ahmed afather of kamal.*
  - *Ahmed : yes I am the one .*
- *Doctor : (ice break) welcome , and nice to meet you today .*
  - *Ahmed : nice to meet you too.*
- *Doctor : (arrangement / attender) And I made arrangement so as no one will disturb us .and you want anyone to attend with you it is welcome*
  - *Ahmed : thank you.*

  Body:
- ***DOCTOR** : (agenda of meeting) it is came to my knowledge that your child kamal suffering from not opening his bowel regularly , and your suffer a lot since that time , am I right ?*
  - ***AHMED** : yes doctor .*
- ***DOCTOR** : (**check previous knowledge**) actually your child is suffering from what is called constipation , did you ever heard about before ?*
  - ***AHMED :** I heard about it.. But I want to know more about.*
- ***DOCTOR :** (explain **what is constipation**) I will try to explain it to you , and please if any point not clear, I will be happy to stop me at any time.*
  Constipation mean when a person not opening bowel regularly (which we mean mean less than 3 times/week) or passing hard stool with difficulty for 2 times or more weeks. Am I clear ?
  - *Ahmed : yes doctor but the strange thing now days he passing loose motion , in spite of constipation. can you explain to me ?*
- *Doctor : (draw to explain pathophsiology) this bowel of your child , When your child is constipated for a period of time , the stool may fill up the bowel and cause it to over stretch. The over-stretched bowel does not work as well i.e loss it's elasticity and ability to contract and push down stool. The stool may become more larger and harder to pass. Your child may try to hold their stool because of the pain. By the time the bowel loss his ability to conrol motion and the accumulated stained fluid (which is not real loose motion) above the stagnant stool , passed down this is what is called " overflow incontence " .*

- *Ahmed : so how can you go to help him.*

- *Doctor : (explain the 1st step in management-dis impaction) we are going first to evacuate bowel*
  By prescribe for him medicine which going to softing the stool and help bowel to push down properly. Your child may need a "clean out" if there is too much stool in the colon. Your doctor will tell you how to do this if it is needed.
  - *Ahmed : but doctor , I try this medicine without benefit .*
- *Doctor : (try to explore the cause of why not improving) you are right sometime may be children afraid that to pass stool because of pain due some sort of fissure in their back bottom due to constipation for period of time .*
  - *Ahmed : may be doctor . or may be doctor I am not giving healthy food.*
- *Doctor : (explain change life style play a role in ttt of constipation) actually yes healthy food play a major role in treating your child .*
  - ✓ *We need to encourage your child to eat more fruits, vegetables, and grains every day as well to encourage to drink plenty of water every day.*
  - ✓ *As well also encourage your child for exercise every day for at least 1 hour, if possible.*
  - *Ahmed : but doctor I am afraid that may be something .*
- *Doctor : (reassurance/ mention team involve in management) ok , I appreciate your feeling and I want to reassure you that nothing indicate that your child having serious problem because he is well growing . Any how we are going to sort what is the problem exactly and we are going to help you. We are all here for best interest of your baby. I am gonna to seek help from doctor of diet who will explain to you what are healthy food, as wel as doctor of mental health , which may help if any psychological stress on your child at school*
  any more concern?

Ahmed : no doctor thank you.

Information delivery

intussusception

exam Scenario cario : *pt has GE admitted for that then develop later on intussusceptions. Referred to surgery.*

TASK : DISCUSS WITH MONA MOTHER OF HALA 10 MONTH OLD ABOUT DIAGNOSIS OF INTUSSUPTION AND PLAN OF MANAGEMENT . AND TRY TO ANSWER ANY QUESTIONS SHE MAY HAVE.

Introduction:

- *Doctor : (introduction) Hii good morning. Iam doctor Mohammed , pediatric registrar. I believe you are Mrs. Mona a mother of hala.*

- *Mother : yes I am the one .*

- *Doctor : (ice break) welcome And thank you for your coming today .*
  - *Mother : thank you.*
- *Doctor : (clarify role of meeting) I am here today hopefully to help you understanding hala condition and it's management . I had made arrangement so as no one will disturb us.*
- *Doctor : Do you want anyone to attend with you this meeting ?*
  - *Mother : no.*
- *You are welcome and feel free to stop me and ask me any question.*

Body:

- ***Doctor:*** *Can u please tell me how is halla's condition ?*
  - ***Mother****: she is not fine .*
- ***Doctor*** *: (clarify agenda of meeting) ok , I am here today to talk to you about her condition and plan of management . but tell me what they told you so far regarding her condition.?*
  - ***Mother*** *: they told there is something in the gut and need operation , I am worry dr.*
- ***Doctor*** *: (check previous knowledge) ok, I appreciate your feeling , and actually your daughter having a condition called intussuption , do you have an idea before about the condition?*
  - ***Mother*** *: I have no idea.*
- ***Doctor*** *: (explain what is insuussption by drawing) we means by it that is sliding of one part of the gut into another or being pulled inward into itself like the piece of telescope , when this occur flow of fluids and food through the gut can become blocked , the gut can swell and bleed , and the blood supply to the affected part of the gut can get cut off. Eventually , this can cause part of the gut to die if not treated . Am I clear so far ?*
  - ***Mother*** *: yes , all this happen inside her tummy , because of her watery motions?*
- ***Doctor*** *: (**talk about causes** of intussuption) ok , I appreciate your concern , but most of the time doctors don't know what are causes of intussusceptions .*
  - ✓ *yes in some cases it may follow a recent attack of " stomach flu " as in hala , that may cause swelling of the tissue that line the gut , which may result in one part of the gut being pulled into the other*
  - ✓ *also can be caused by underlying condition like tumor , or blood vessels abnormality in the gut. Are you following me ?*
  - ***Mother*** *: yes I am following you , so how can u help her .*
- ***Doctor*** *: **(management of intsuusption)** for your baby should be treated by surgeon of children*
  - ***Mother*** *: she v.small , no other alternative ?*
- ***Doctor*** *: actually management of intussuption can be non operative or surgical in case failure of medical treatment as your baby.*
  - ***Mother*** *: what is this surgery doctor ?*

- ***Doctor*** *: (explain surgical management) actually they are two types of enemas (an air enema or barium enema) often can diagnose and treat intussusceptions at the same time.*

  Enemas , small soft tube is placed in the rectum and air is passed through the tube . the air travels into the gut on the x-rays. If intussusception is present it shows the doctor the telescoping piece in the gut . at the same time , the pressure of air unfolds the bowel , that has been turned inside , out and cures the blockage .

  barium , a liquid mixture , is sometimes used in place of air to fix the blockage in the same way.

  Both types of enema are very safe , and children usually doing well.

  - *Mother : so doctor surgeon will not open my baby tummy.*
- *Doctor : (explain open surgery) actually sometimes may need to open your baby tummy if :*
  - ✓ *The gut is torn.*
  - ✓ *Enema doesn't work*
  - ✓ *Or the child is too sick to try an enema.*
  - *Usually this in older children . surgeon will try to fix obstruction , but if too much damage to the bowel , that part of the bowel will be removed. All this will be explained to u by the surgeon in detail.*
  - *Mother : no side effects for this operation ?*
- *Doctor : (reassure and explain side effects) I know it's difficult time for you , me and surgical team all for your better care of your daughter , any operations have side effects like infection , hemorrhage , but with expert team and close montoring after surgery will be minimal side effects. Is it clear so far ?*
  - *Mother : yes doctor. What is outcome of intssusception ?*
- *Doctor : (explain prognosis) usually good outcome if they seek medical advice early enough but can be life threatening if left untreated . however , it's important to remember that the intussusceptions can return v. rare , which occur within 72 hrs following procedure. Are u following me.*

  Finalization: *when announcing 2 minutes left*
  - *Now in **brief we can go over points which we just discuss** about intussusception.*
  - *I will provide you leaflet, web sites and written advice about intussusceptions..*
  - *If you want I can offer you another meeting with my consultant of pediasurgeon.*
  - *Have you any question or concern.*
  - *Now can you summarize what have been told?*
  - *At the end thank mother and examiner.*
  - ***Finalization:*** *when announcing 2 minutes left*

- *Now because of short time , I hope that I explain to you what u want to know about constipation , and in brief I will tell u what we are discussed , that is …….*
- *and I will provide you with written information, websites ,*
- *and if u want I will discuss arrange meeting with doctor of diet , and doctor of mental health if needed.*
- *Have you any more questions.*
- *At the end thank ahmed and examiner*

Information giving

neurofibromatosis1(3/2016-EYGPT).

Task : explain to mother criteria and mode of inheritance

Introduction :

- *Hello , good afternoon I am dr. mohammed pediatric registrar , I believe you are mrs haris amother of oliver . ,*
- *mother : yes I am the one.*
- *Doctor : how are and how is oliver ?*
- *(mother : good)*
- *Thank you for your coming and spare time to sit with me today .*
- *Doctor : (AGENDA) I have been asked to talk to you about neurofibromatosis. Would You like anyone to attend this meeting .*
- *mother : no I can listen to you alone.*

Body :

- *Doctor : Check her previous knowledge : ok , 1st of all can I check what have been told about NF1 ?*
    - *Mother : I heard about this disease as my husband having the disease , but I am not fully understood .*
- *Doctor : before I begin , I want to know is there anything in particular concern you ?*
    - *Mother : how my son get this condition ? since my husband having same condition*
- *Doctor : (explain what is NF1) Ok , I appreciate your concern and I will explain to you simply What is NF1 , and if any time there not clear point or I am fast interrupt me at any time .*

  Neurofibromatosis (NF) is a common genetic condition " A genetic condition is one that can be passed on in families." that affect the nervous system. NF causes benign (non cancerous) lumps to grow on nerves. These lumps can grow on nerve endings in the skin where they can be seen clearly; the lumps can also grow on deeper nerves within the body for this they called " neurocutaneous syndrome ". are you following me mrs haris ?
    - *MOTHER : yes doctor continue. I noticed that oliver has brown patches in his skin , what are these doctor.*
- *doctor : (explain features of NF) yes you are right , this brown patches are called CAFÉ AU LAIT spots , which appear during 1st year of life and may fade later . what else you notice.?*
    - *Mother : I notice also small swelling on the skin*
- *Doctor : yes exactly , these benign small swelling called NEUROFIBROMA , as well as freckles in armpit. Are you following ?*

- *Mother : yes doctor.*
    - *Doctor : (continue clinical features) ok , all these features of this condition in addition to :Small pigmented areas in the iris (colour part) of the eye which called " LISCH NODULE ".*
    - *One of the family member having the disease.*

- *Doctor : Are you following mrs haris ? so can you tell me what you understand so far.?*
    - *Mother : so no blood test for diagnosis.*
- *Doctor : (explain diagnosis of NF1) diagnosis is mainly clinical one we need 2 or more of the above mention criteria , and no blood test is needed for diagnosis , Although blood test looking for abnormal gene is performed*
    - *mother : so doctor this cannot be treatable*
- *doctor : (explain management of NF1)I appreciate your feeling , but unfortunately till now no cure , prevention or reverse features for this disease , but I want to reassure you that some of these features can disappear in the future and hopefully researches may found cure for this disease. But may offer for him supportive management*
    - *mother : so what you will do for him now*
- *doctor : (REFERAL) nothing can be done right now , but we will follow him by doctor of eye , doctor of bone , doctor of heart , doctor of gene , doctor of nerve and brain and plastic surgeon doctor for any complications can occur*
    - *mother : what are these complications*
- *doctor : (explain complications of NF1) the disease may affect multiple organs like :*
    - *eye in form of lump in the nerve connecting eye to the brain , which called "optic glioma " which may lead decrease vision.*
    - *Abnormal curvature of the back and need f/up by bone specialist.*
    - *High blood pressure*
    - *Development of seizure.*
    - *These lumps in skin can be removed by surgeon for cosmotic reason.*
- *Mother : how this disease can be inherited ?*
- *Doctor : (explain inheritance) this disease is run in family due to faulty gene , is inherited as autosomal dominant , you know what is AD ?*
- *MOTHER : no first time I heard*
- *doctor : (explain inheritance of the disease) we mean by AD , that ……I realize that I gave you a lot of information today , can you told what I inform you about NF.*
    - *mother : yes , you told me , …….*

finalization :
summary

- *offer website and written information*
- *any other thing you want to ask about*

Information given

Scenario 27(epipen)*: jedha 11/2016*

TASK : EXPLAIN TO PARENTS , WHOM THEIR BABY GOING TO START EPIPEN FOR HIS INSECT BITE ANAPHLAXISI .

Introduction:

- *Doctor : (introduction) Hii good morning. I am doctor Mohammed , pediatric registrar working in this hospital . I believe u are mrs wafa amother of ali*
  - *Mother : yes I am the one.*
- *Doctor : (ice break) How are you ? are you fine ? nice to meet you today.*
  - *Mother : I am fine. nice to meet you too.*
- *Doctor : (agenda of meeting) today I will discuss with you about condition of your baby who diagnosed as having insect bite allergy and using of epipen. Am I right ?*
  - *Mother : yes you are right.*
- *Doctor : (arrangement and attender) And I made arrangement so as no one will disturb us . and if you want anyone to attend with you it's well come.*
  - *Mother : no thank you.*
- *Please ahmed feel free and stop me If anything not clear .*

Body:

- ***DOCTOR*** *:(**previous knowldge**) what you know so far about your baby condition?*
  - ***MOTHER :*** *doctor , my baby is having insect bite ,I want to know more about its management .*
- ***DOCTOR :*** *(explain pathophysiology of insect bite/grades of allergy) ok , insect bite secrete substance called venom which body react abnormal " more than usual " induce body to secrete substance histamine to be released from the tissues . leading to :*
  - ✓ ***Mild form only redness and itching***
  - ✓ ***Moderate form can present in mild swelling of lip , and mild respiratory distress.***
  - ✓ *anaphylaxis is severe form of allergy which is life threatening condition breathing problem and shock but in others allergy can*
  - ***mother : how you are going to help him now ?***
  - ***DOCTOR*** *: (**start to explain treatment of insect bite)***
    - ✓ *Remove the sting, tick or hairs if still in the skin . so as to prevent more spread of venom " substance release from insect and cause the allergy ".*
    - ✓ *Wash the affected area with soap and water.*
    - ✓ *Apply a cold compress or an ice pack to any swelling for at least 10 minutes.*
    - ✓ *Raise or elevate the affected area if possible, as this can help reduce swelling.*

- ✓ *Avoid scratching the area or bursting any blisters, to reduce the risk of infection – if your child has been bitten or stung, it may help to keep their fingernails short and clean.*

- *Mother : how can I relieve pain doctor ?*

- *Doctor : (explain management at home for mild form - pain relieve of insect bite)*
  - ✓ *For pain or discomfort – take over-the-counter painkillers, such as paracetamol or ibuprofen .*
  - ✓ *For itching – including crotamiton cream or lotion, hydrocortisone cream or ointment and antihistamine tablets.*
  - ✓ *For swelling – try regularly applying a cold compress or ice pack to the affected area, or antihistamine tablets.*
  - ✓ *Or you can use steroid tablet if above measures not work.*
  - ***MOTHER** : what things make me worry about insect bite ?.*
- *Doctor : (explain when you must seek medical advice- incase of)*
  - ✓ *you're worried about a bite or sting*
  - ✓ *your symptoms don't start to improve within a few days or are getting worse*
  - ✓ *you've been stung or bitten in your mouth or throat, or near your eyes*
  - ✓ *a large area (around 10cm or more) around the bite becomes red and swollen – your GP may refer you to an allergy clinic for further tests or treatment (read about treating allergies)*
  - ✓ *you have symptoms of a wound infection, such as pus or increasing pain, swelling or redness – you may need antibiotics*
  - ✓ *you have symptoms of a more widespread infection, such as a fever, swollen glands and other flu-like symptoms*
  - *mother : When I get emergency help?*
- *Doctor : (explain emergency help) Dial 999 for an ambulance immediately if you or someone else has symptoms of a severe reaction, such as:*
  - ✓ *wheezing or difficulty breathing*
  - ✓ *a swollen face, mouth or throat*
  - ✓ *nausea or vomiting a fast heart rate dizziness or feeling faint difficulty swallowing loss of consciousness*
- ***IN CASE OF SEVERE ALLERGY MAY NEED TO USE EPIPEN , ARE U FOLLOWING ME ?***
  - ***MOTHER:** yes clear , what is thev epipen but doctor can you show me how can I used this pen?*
- ***DOCTOR :** (explain how to use the pen) ok , an epipen is prefilled syringe containing medicine called " adrenaline " we use adrenaline when child or adult suffering from anaphylactic ,*
- *I will show you how we use this epipen :*
  - ✓ *First of all call for help.*

- ✓ *Then remove the safety cap "grey cap" and place the tip of epipen on outer part of the thigh. holding the pen on right angle. And can be given over closes if urgent.*
- ✓ *Hold the pen firmly , it automatically gives the correct dose of drug.*
- ✓ *Hold for 10 seconds and remove the pen from the thigh , and then do message for 5 seconds*
- ✓ *And then call for help , if help is nearby it's ok , if far you can rush to nearby hospital.*

Now can u tell me what we discussed so far ?

- ***AHMED :*** *yes I am following , any more advice ?.*

- ***DOCTOR :*** *(explain precaustion and advice , referral) you must remind parents :*
  - ✓ *to get replacement epipen once they have used one. And you must check pens is not out of date.*
  - ✓ *And also there must be pens at school and during the journey and at home.*
  - ✓ *Pt. must wear bracelet.*
  - ✓ *Refer to doctor of diet and allergy nurse for more advice and training for everyone who look for the child like parents , teacher at school.*
  - ✓ *Also I recommended a training video .*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , I hope that I explain to you what u want to know about epipen, and in brief I will tell u what we are discussed , that is ……..*
- *You must refer parents to **allergy nurse** to teach you more about usage of pen. And to **dietien** to give an idea about which type of food contain peanut to avoid.*
- *and I will give u chance to go and read more about this topic from university library , and by the way I will provide you with written information, websites ,*
- *and if u have still quires we will discuss more in next meeting and I can provide meeting with life support team .*
- *Have you any more questions.*
- *At the end thank ahmed and examiner.*

Information delivery

Scenario: exam UAE toddler diarrhea .

TASK : EXPLAIN TO THE MOTHER ABOUT TODDLER DIARHEA .

Introduction:

- *Doctor : (introduction) Hii good morning. I am doctor Mohammed , pediatric registrar. I Believe you are Mrs. Mona amother of ahmed .*
  - *Mother : yes I am the one.*
- *Doctor : (agenda of meeting) I am here today hopefully to help you understanding ahmed condition. And I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you its welcome.*
  - *Mother : no thank you.*

Body:

- ***Doctor: (check her concern)*** *Can you tell me what is your concern regarding ahmed health ?*
  - ***Mona*** *: I am very worried about ahmed condition , because frequently passing loose motion esp. after drink fruit juice , I want to know what is going with him ?*
- ***Doctor:(share feeling with mother)*** *I appreciate your concern and I know this difficult situation for you. Most properly ahmed have soming called toddler diarrhea ……. Do you heard about it before ?*
  - *Mother: no I have no idea.*
- ***Doctor: (explain what is toddler diarrhea) I will explain to you what is toddler diarrhea and how we will manage ,*** *You are welcome and feel free to stop me and ask me any question.*

  Toddler diarrhea *is a common cause of persistent (chronic) diarrhoea in young children. It mainly affects children between the ages of 1 and 5 years and is more common in boys. Toddler's diarrhoea is not serious and the child is well..*
  - *Mother : how you diagnosed toddler diarrhea , no investigation needed ?*
- *Doctor : (explain diagnosis / symptoms of toddler) actually No further tests are usually needed if the child is otherwise well. Symptoms usually go, with or without treatment, by the age of 5-6 years.*

  We will diagnosed Toddler's diarrhoea from symptoms :
  - ✓ *Affected children develop three or more watery loose stools (bowel motions) per day and may reach 10 or more.*

- ✓ *The stools are often more smelly and pale than usual. You can often see bits of vegetable food in the stools (such as bits of carrot, sweetcorn, etc). These have come from a recent meal.*
- ✓ *Mild tummy (abdominal) pain sometimes occurs but is unusual. Some affected children develop constipation which alternates with diarrhoea.*

A child with just toddler's diarrhoea is otherwise well, grows normally, plays normally and is usually not bothered about the diarrhoea. An examination by a doctor is normal.

- *Mother : what causes toddler ? .*

- *Doctor : (explain the cause of toddler diarrhea) The cause is not clear. The diet of young children is often not ideal and is thought to contribute to the cause. You know the bowel of children still growing and not effeintly absorb water , as well as If diet contain more sugar this will contribute to the loose motion.*
  This our tummy and this is The small bowel (small intestine) digests and absorbs food into the body and works normally in affected children. The large bowel (colon) normally absorbs any excess water and forms stools. It is thought that the balance of fluid, fibre, undigested sugars and other undigested foods that reach the colon may be upset in affected children. This can increase the amount of fluid (water) that is kept in the colon rather than being absorbed into the body. In young children, even a slight increase in fluid left in the colon can cause stools to become more frequent and runny than normal. As the child grows, the colon becomes more efficient and the condition goes.
  - *Mother : you mean my bowel of my baby not work well*
- *Doctor : (explain normal bowel) Toddler's diarrhoea is not due to poor absorption (malabsorption) of food or to a serious bowel problem. It is also not due to an intolerance of a type of food.*
  - *Mother : really doctor I am very worry about my child doctor*
- *Doctor : (reassure) Its very common and in most cases nothing to worry about The diarrhoea will go as the child becomes older.*
  - *Mother : how you are going to help him ?*

  Doctor : (explain treatment of toddler diarrhea) Often, no treatment is needed, particularly if symptoms are mild. The child is usually not concerned.
  - ✓ *Reassurance that it will ease in time may be all that is required.*
  - ✓ *However, in many cases the diarrhoea will go, or become less severe, if the child changes certain eating and drinking habits. Take a good amount of fat in the diet (whole milk, etc);*
  - ✓ *Avoid drink too much fruit juice or squash; has meals that include a normal amount of fibre (but not a high-fibre diet).*
  - ✓ *Refer you to doctor of diet for more advices about suitable diet.*

Finalization: *when announcing 2 minutes left*

- *Now because of short time , in **summary** I will again repeat what we just talk about.*

- *I will provide you leaflet, and written information .and advice to contact support group*
- *Arrange another meeting to discuss more about disease and progress with my consultant.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

Information delivery

Scenario: exam Jeddah – febrile neutropenia .

TASK : EXPLAIN TO THE MOTHER ABOUT FEBRILE NEUTROPENIA .

Introduction:

- *Doctor : (introduction) Hii good morning.Iam doctor Mohammed , pediatric registrar.I Believe you are Mrs. Mona amother of ahmed .*
  - *Mother : yes I am the one.*
- *Doctor : how are mrs mona and how is your child ?*
  - *Mother : not good doctor , he is very sick. , and I don't know*
- *Doctor : (agenda of meeting) Iam here today hopefully to help you understanding ahmed condition. And I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you its welcome.*
  - *Mother : no thank you.*

Body:

- ***Doctor: (agenda of meeting/check previous knowldge)*** *today I am going to explain to you condition of your child ahmed as having what is called " febrile neutropenia" , did you ever heard about it ?*
  - ***Mona*** *: no doctor , but I am very worried about ahmed condition , because as you know having leukaemia and now having fever , I want to know what is going with him ?*
- ***Doctor:(share feeling / explain what is febrile neutropenia*** *) I appreciate your concern and I will explain to you what is febrile neutropenia . You are welcome and feel free to stop me and ask me any question*

  Is the condition in which body temp rise more than 37.*5 c and in most cases more than 38c. this increase in body temp. when associated with low neutrophils is called febrile neutropenia …..*
  - *Mother: what you mean by neutropenia ? .*
- ***Doctor: (explain what is neutropenia) ok , as you know our blood composed of different types of cells , one of these cells are white blood cells which responsible of fighting against bugs. Are you following ?***
  - *Mother : yes I am following ?*

- *Doctor : (continue explaining neutropenia) these white blood cells composed of different types of cells , one of these called neutrophil , when these cells are unusually lower than normal , it's called neutropenia . are you following ?*
  - *Mother : yes I am following , but why my child having this problem ? .*
- *Doctor : (explain the cause of neutropenia) as you know your baby having blood cancer and received drug called chemotherapy , so this drug unwanted effects is producing less white blood cells. so this lead to impair of defense system of our body. So he is easily can get infection . are you following me?*
  - *Mother : yes doctor . can I give him panadol if he develop any fever in the future ?*
- *Doctor : (explain not give panadol) no don't give him paracetamol at home , you must bring him immediately to hospital .*
  - *Mother : but why doctor , I am usually when his brother develop fever , I give him paracetamol*
- *Doctor : (explain paracetamol mask sign of infection) because if you give him paracetamol you may mask the fever which is important sign of infection and may give you untrue feeling of recovery , delay the treatment of his infection , which may cause serious problem.*
  - *Mother : how you are going to help him ?*
- *Doctor : (explain treatment of) ok , we are first going to admit him in the hospital .*
  - *Mother : admission , no doctor , because no one will take care of his brother at home*
- *Doctor : (explain it's serious problem and need admission) actually , I afraid to say it's a not a simple infection , it's serious infection which need immediate admission and starting of anti bugs through blood tubes. And regarding his sibling we will contact social worker who will solve the problem.*
  - *Mother : thank you doctor .*
- *Doctor : we will admit your child and we send blood test called " blood CS" to see what exactly the bugs causing his infection and what suitable anti bugs against. But we will not wait till the result of blood cs release , we will start with very strong antibiotic and we will see the response*
  - *Mother : for how long we will stay at hospital*
- *Doctor : actually if his temp. subside within 48hrs and his neutrophil start to rise , and test of blood cs came –ve , which mean no more bugs in his blood , at that time we will discharge him.*
  - *Mother : ok.*

  Finalization: *when announcing 2 minutes left*
    - *Now because of short time , in **brief let us to go through the important points which we discussed** about febrile neutropenia..*
    - *I will provide you leaflet, and written information .and advice to contact support group*

- *Arrange another meeting to discuss more about disease and progress with my consultant. And social worker to solve his problem of his brother.*
- *Now can you summarize what have been told?*
- *At the end thank mother and examiner.*

PROTOCOL :

1. *1st line : Tazosin + gentamcin +/- liposomal "b" - antifungal .*
2. *2nd line : Meropnam + vancomycin +amikacin .*

task : Child with quadriplegic CP has drooling, address benefits and side effects of hyoscine patch (to mother)...

Introduction:

- *Doctor : (introduction) Hii good morning.Iam doctor Mohammed , pediatric registrar.I Believe you are Mrs. Mona amother of ahmed .*
  - *Mother : yes I am the one.*
- *Doctor : how are mrs mona and how is your child ?*
  - *Mother : not good doctor , he is very sick. , and I don't know*
- *Doctor : (agenda of meeting) Iam here today hopefully to help you understanding ahmed condition. And our plan for his management And I would like to thank you for sparing time to sit with me.*
  - *Mother : thank you .*
- *Doctor : (arrangement and attender) I had made arrangement so as no one will disturb us. and if you want anyone to attend with you its welcome.*
  - *Mother : no thank you.*

Introduction :

- *Doctor : (agenda of meeting) today I came to talk to you about using anew method of treatment called hyoscine patch for your child , any one talk to you about this ?*
  - *Mother : no , but as you know my baby suffering for long time from CP.*
- *Doctor : (explain the condition of her baby) I appreciate your feeling and I know that its condition is very distressing him and also you because need frequent cleaning, changing dress, and may increase risk of oral infection, some time may lead to isolate him from society and it affect him/her more psychologically.*
  - *Mother : yes exactly doctor*
- *Doctor : (importance of hyoscine patch) yes , that why I am here today So we found its better to try treat excess secretion and there was very easy way I want discuss with u about it which was drugs given in simple way lead to reduce secretion called hyoscine patch,,,,,, do u hear about it before, or u know someone use it before?*
  - *Mother : I have no idea , what is this?*
- *Doctor : (explain what is hyoscine patch)*
  It is aPiece of patch place behind ear, not harm, not painfull just applied to the skin and then delivered medicine which can go from skin to blood then to block impulse go to gland responsible for secretion so as to decrease.
  - *Mother : is it safe doctor ?*
- *Doctor : (explain unwanted effects) Its almost safe medicine can be given, although it is associate with fewer side effects compared with other drugs used for same problems.*

- *Mother : what are these effects ?*

- *Doctor : (explain side effects/reassurance) I appreciate your feeling , you know any drugs having unwanted effects , but it's well tolerated , and the benefits overweighing the risk . examples of these side effects may produce dry mouth, also may increase heart beating and some time may interfere with urination but these side effects can be monitor frequentely and managed accordingly, so don't worry about this.*
  - *Mother : every how many days can I change this patch ?*
- *Doctor : (advice/referral) This patch very easy for u to use and may erquired changed every some days (3 days, not daily). And I will refer you to nurse specialized to learn you how can you deal with it. Have you any more concern ?*
  - *Mother : what I will do if fall down*
- *Doctor : change with other one.*
  - *Mother : what I will do if I want to path my baby*
- *Doctor : although they are some types having cover to protect against water , but better to cover it with plastic .*
  - *Mother : my baby receive other drugs , like lactulose , antiepileptic , is this drug interact with them?*
- *Doctor :*

finalization :
- At end ask her about what u told to be sure that she understand what u told.
Ask if had any concern.
Arrange further meating with her if she had more question to answer.
Give her written information and website to go through.
Thanks her again.